Conference Proceedings

Wounded Warrior Care: Rediscovering the Meaning of Healthcare in America Today

National Museum of Natural History
Smithsonian Institution
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PRELUDE


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The Passion of Heroes: The Reflective Expanse of Wounded Warrior Care

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Introduction

Since 2007–2008, Navy Medicine and the Smithsonian Institution have developed a yearly series of conferences that explore the wide vistas of ethics education. From the first conference in 2008, the annual series has invited the general public to consider any number of fascinating topics, such as the diplomacy of science, nursing care, multiculturalism and internationalization, knowledge science, pastoral care and the protection of human subjects in research. Since 2009 the annual series has been specifically partnered with the Navy Medicine Institute for the Medical Humanities and Research Leadership. During that same year, the Institute and Smithsonian Co-Directors found it of critical importance to address the cultural centrality of Wounded Warrior Care. As such, on April 28, 2011, the series sponsored one of its most vibrant all day events entitled, "Wounded Warrior Care: Re-Discovering the Meaning of Healthcare in America Today."

Held in The Baird Auditorium of the Smithsonian's National Museum of Natural History, the event was open to the general public. Nearly 500 individuals submitted initial inquiries via pre-registration. More than 300 actually participated in the event. A copy of the official program is found later in this volume. The Smithsonian Secretary, Dr. Wayne Clough, opened the day's events. The resulting events featured a rich panorama of celebrated speakers and distinguished panelists. Without question, the event captured the minds and hearts of those who attended and who now can view its filming.

Yet the question remains as to the enduring significance of the conference. Certainly, it was valuable on the day of the event and for those who participated. Yet was its importance only for the moment or only for those who came? I would suggest something different. Rather the event of this conference has far reaching consequences for a very long time to come. Its impact is not just for those of us close to the event both in time and space. The conference touched then and touches now upon central questions. What do we mean by Wounded Warrior Care? With 60% more warriors coming home from the battlefield today than did from World War II, and with these carrying with them visible and invisible conditions that will be with us for the next half-century or more, what does it mean for us to care for them? How does this comprehensive sense of holistic care impact what we mean

by healthcare for all human beings? And what impact does all this have for us as ordinary citizens in America or across the globe? How does all this impact our inherent understanding of our selves, our families, our communities and our world?

This conference was more than just an educational gathering. It was an event. It was an entrance into something new and stretching. It was a type of mirror or reflecting pool in which we were beckoned to dive and see others and see ourselves. It bore for all of us, most importantly, an invitation to be changed. We hope that this special Conference Proceedings will be for you more than just the record of an event. We hope it is a means by which to see others and yourself. We hope it provides another invitation to change that can be carried through you to others. But before proceeding further, let us take a moment to consider the nature of Wounded Warrior Care, its challenge to American healthcare, and ultimately its impact upon us as individual ordinary citizens.

The Wounded Warrior as Hero

Throughout the history of ancient literature, the role of the hero stands out with considerable prominence. The listing of heroes, both historical and literary, includes cultural giants such as the protagonist in *The Song of Roland*, Achilles, Ulysses, Sir Galahad, King Arthur, Joan of Arc, Anna Karenina, and thousands of brave women and men whose real or imagined exploits inspire culture and mindset. The history and literature of our forebears presents dramatically the singular fascination we have with those we call heroes. Yet what is it that they have in common? What is it that makes one heroic?

Coming from the Greek *hero*, the term denotes or describes an individual who, despite danger and weakness, musters the courage to sacrifice oneself on behalf of the needs of others. Interestingly enough, literary scholars comment that that the term hero, even in its ancient roots, is directly related to the Latin word *servo* meaning to safeguard or serve. The hero is one who rises up despite danger or adversity or weakness to serve the needs of others ever before the self. Often this comes at the price of one's life.

Yet there is still something more.

In ancient Near Eastern culture, there was yet another facet of the hero that is sometimes not included. This facet is repeated in later periods of literary history even into our own time. In some cases, the most abiding, even disturbing, sense of the hero is found in one who embodies the wounds of those that she or he is called to serve. We find this in the suffering servant literature of ancient cultures. We also find it even in more contemporary times in C.S. Lewis' *The Chronicles of Narnia*. In these works, the hero, whether a woman or man, is not just one who meets the challenges and dangers, but who actually takes the challenge into the self, suffers the danger personally, and somehow is pictured as transforming the experience of terror in a way unimagined by the reader or audience. In a sense, without the reader or audience knowing the outcome, the hero is like the figure of Dante going into the hell of one's moment and suffering through it all for the sake of something greater, for the needs of others deemed more important than the self.

Here it is that we may begin to understand the profound and even disturbing image of the Wounded Warrior as Hero.

As children, we easily identified with images of brave sailors or athletes who endured great challenges to emerge victorious. Yet there is in our imagination something far deeper even for us as children. When our young but very real fears struck us from nightmares or daylight problems, we ran to our parents who would scoop us up and provide us with all that we needed. We would look up and see one gazing back at us who knew all. Perhaps we subconsciously knew even then that they "know all" because in fact they "have been through it all" first. Indeed, from our youngest years, we ever search and hunger for the presence of those who can give us not only technical direction or cognitive knowledge. We search and hunger most importantly for those who can give to us experience. These are those who embody the Latin phrase: Experientia docet. Experience teaches.

Indeed, when it comes to knowing real heroes, we know well that those who embody the term at its highest meaning are those who have had the courage to suffer the wounds and dangers from which they have protected and defended us. When the parades and congratulations have come to an end, we know that the ultimate heroes are the women and men who have paid an ultimate price for us out of dedication, devotion, and a passionate love of others. In their presence we stand in awestruck and exasperating silence.

When in their presence, we know that we are in the presence of pure passion—literally "to suffer with"—that deep wellspring of internal fire that leads one to make a quantum leap so as to enter the very experience of human desire that necessarily must involve some measure of human suffering. Passion is not polite. It does not have trimmed edges. Its depths do not stay neatly within the lines when painted. It splashes beyond all boundaries. It stains the deepest recesses of one's being. Real heroism takes away your breath, captures your imagination and thoughts, invades your dreams, and ultimately brings you to the point of life changing decisions whether of the heart or life-stance.

It is in this sense that we truly can begin to scratch the experiential surface of those we call our Wounded Warriors. Our Wounded Warriors are women and men who loved enough to be wounded themselves, visibly and invisibly, even unto death. They have embodied in their very selves the war they fought to secure and defend our peace. They did not know the price before they engaged in arms. They had no idea. If they did, like us, they might have shrunk from the task. But they entered into the fray and ultimately bear now in their bodies and minds the price of peace itself. Indeed, they are the suffering servants who now suffer in ways sometimes we cannot understand.

Our Wounded Warriors are indeed heroes. They have been the victims of war. They have survived to come home. Yet their calling now is to do far more than just survive. They are on a path to a new type of victory—a victory that is yet again most curiously another battle. In our society we often adulate the young, the beautiful, the seemingly body-abled, and the individual with cognitive or technical talents. Unfortunately, our adulation can lead to a prejudice—a prejudice that internally skews us that those who seem to lack in any of our own mind-forged biases are not as socially worthy or productive as we might so smugly think. Yet nothing could be farther from the truth.

Like heroes of every age and every culture, both women and men, Our Wounded Warriors continue to lead us heroically. Their passion continues to burn. They challenge the dangers of human bias. In their very flesh they embody the refusal of the human animal to be

limited and fenced into one way of being. They rise with their wounds and take a quantum leap into new forms of total health, of personal identity and spirit, of loving relationships, of social responsibility, and of public relationships that goad each of us to re-think for ourselves what it means to be a citizen of America and the world, ultimately what it means to be human.

Our Wounded Warriors are the suffering servants of today. They are our heroes. It is to their care that we are called. We are called to burn now with passion for them. It is to their new and evolving victory that we are summoned—a victory that will affect not only them but also ourselves. But how do we approach such an expanse of care? What do we mean by the care of our Wounded Warriors, our Passionate Heroes, and their lives?

The Landscape of Wounded Warrior Care

We are better aware today that "healthcare" is a holistic phenomenon. With thanks to many world leaders in health, the concept of systems healthcare is better known today than ever. However, the concept is not precisely new. With its roots in the Industrial Revolution and exacerbated by social desire for expediency and ease of use, the last half century or more has seen the development of a subconscious assumption that health or medical care has meant the application of a technique or product for the quick elimination of a problem. Yet the longer and more venerable tradition of cultures and societies has known far better. Today, our society is recapturing those roots.

Contemporary institutions often assume that the term "palliative care" is centered upon the needs of those who are terminally ill or with long term debilitating conditions. Yet the origins of the term are much broader. In fact, the term comes from an ancient word meaning "to cover." With this in mind, it is easy to recall that healthcare during the Western Middle Ages was rendered by members of monasteries of women or men. Figuratively, the sick might come to the monastic gate. They would knock. The nun or monk or friar who was the porter would answer and invite them in. In a metaphorical sense, it was as if the porter would extend the monastic habit and bear the sick into the infirmary. It was there that the sick would receive some form of herbal or other medical attention such as was known at that time. They were fed and given to drink. They received human and humane care. The whole person was "covered" with care. The experience was "palliative" at its roots.

With this image in mind, there are many in our society today who have come to appreciate the palliative nature of all healthcare or medical attention. The care that we extend and offer touches the whole person. Definitively in our modern society we are clearly conscious that personhood is a holistic reality. We are not defined only by the sum total of the individual cells that make up our corporeal reality at any one age or time. We ourselves are macro-realities. We are systemic by our very nature. We are unified body-mind-spirit beings. We are tied to the material universe, to friends and family, to societies, and a world public, to our own individual and corporate histories, to the living traditions of our locales and cultures. Like ancient poets would remind us, we are not islands. We are connected beings. When we are ill in any form, sickness invades us just not individually but touches upon all these deep and abiding realities. When care is given to us, the covering of care, its palliative nature, envelops and touches all things within us and connected to us.

This interconnected nature of our human being and of the being that we call healthcare is highlighted in a special way by understanding Wounded Warrior Care. In the last decade more and more healthcare professionals have identified and called for critically needed attention and resources for a wide variety of needy areas. These areas seem to fall into what we might call four general domains:

Domain 1: Health and Wellness

Contemporary culture has an increasingly better awareness that healthcare goes far beyond medical technologies. Health is about total human wellness. Healthcare itself necessarily must address the total impact that disease and infirmity have upon the individual person. Such comprehensive healthcare must address the needs not just of the physical or the individual organ. Rather healthcare must address the holistic needs of the entire person and how the realities of injury or sickness are affecting the entire corporeal being and sense of wellness in the individual. In the example of our Wounded Warriors whose injuries might include invisible wounds due to Post Traumatic Stress Disorder (PTSD) or mild Traumatic Brain Injury (mTBI), the need for understanding health and wellness as systems or holistic realities is critical.

Domain 2: Personal Formation and Spirituality

The human animal realizes that the spiritual is as much a part of our being as is the body or the mind. Unfortunately, some would equate human spirituality with religious creed, belief system or ecclesiastical affiliation. Others would equate human spirituality with a prescribed system of morality or moral thought. These equations are understandable but misguided. Well intentioned in some respects, but definitively wrong-headed. Those who hold to no religious affiliation or those who do not believe in a Supreme Being of any kind still have a human spirit. They have as much a human spirituality as do others. Hence, the needs of others in human spirituality include but go far behind one's religious affiliation. Such needs include our self-understanding, our way of shaping what we believe about life itself, our understanding of human nature and human relationships etc. For our Wounded Warriors, enduring the ravages of war inevitably affects one's self-identity, how one will continue to grow and develop, how one feels and thinks about one's world, others, the future, life, and the self. The healthcare of our Wounded Warriors therefore must touch upon these internal but extremely powerful energies.

Domain 3: Family, Community Relationships and Social Responsibility

Obviously, we know that we are not islands. Despite society's sometimes much too dominant emphasis upon utilitarian individualism, we do not live in isolation. In fact, there is no moment of our lives in which we are not ultimately connected to others. We share in the corporeal nature of the world. Our existence is always in contingency. Yet we sometimes fall uncritically into a bias that makes us believe we are over and against other beings or the world itself. The human animal is, therefore, relational in being. We are even in

relationship with the many complex sides of our own selves. We live in relationships whether they are with our families, our friends, our local communities, and society itself. As in all other aspects of life, we have responsibilities for all of these relationships even those we have within our own individual identities. Our Wounded Warriors come home affected by visible and invisible wounds. Such wounds naturally raise up all types of questions and potential challenges. Our heroes wonder about their acceptability, their abilities for communication and the beauties of human relationship, their ability to be contributing members of American and world society. Their wounds have changed them. However, there is a need to ensure that such changes are not a debilitation but an invitation to new horizons and ways of being in relationship to others.

Domain 4: Professional Formation, Education, and Public Servant Leadership

We are taught, and rightly so, that we have a responsibility for becoming best educated and prepared for some form of professional life. Such professional life is part of each individual's pathway toward some form of serving the needs of society. As we are well aware, leadership is not just the province of those called to govern. Leadership is as much the calling of each individual as it is of those who may be elected, promoted, hired, ordained, or acclaimed. At its root, we realize most deeply that substantive leadership is not about being a hierarch. It is about learning to be a servant. Such leadership requires professional formation and education of a deep and humanistic order. Our Wounded Warriors came to military service already educated to any number of levels. They realized they were called to public servant leadership. For those whose wounds require their medical retirement, it would be a complete mistake to assume that their days of public servant leadership are over. In a certain sense, they are just beginning. Indeed, our Wounded Warriors must be assisted to find new avenues of professional development and education so they can continue to be all they can be. Certainly such professional development must energize them to move, in the imagery of one British social science colleague, from being victims to being survivors. Yet more profoundly, it must also move them from being survivors to being victors. Their pathway must lead them to new and unprecedented forms of public servant leadership that inspire others by their presence as well as by their works. There is a deep and abiding need for understanding the unexplored vistas of this approach.

Wounded Warrior Care and the Re-Imagination of Healthcare in Our Times

In our time, we are experiencing an unprecedented debate over the nature of healthcare. Fired by many real factors, there is strong cultural discussion about healthcare as a human right. If we are mature about the discussion itself, we can readily admit to any number of factors that are, of themselves, curious. Of particular importance, it is interesting to note how so often healthcare is spoken of as a business enterprise. Indeed, it is critically important especially in our day and age to utilize the very best business practices to ensure that healthcare does not waste funding and other resources needed by those whose conditions are proportionately more desperate or immediate than others. However, as in any other aspect of human mercantilism, there is a danger.

While absolutely requiring the very best business practices to secure the public trust, healthcare in the final analysis is not a business. It is a human service. It touches the human person at our most vulnerable points of life. Philosophers and theologians point to the phenomenology of human illness as the experience of alienation and terror. When faced with sickness and injury, the human being must face one's own finitude. In fact, our society does everything so often to avoid the face of human terror or alienation in the face of illness and aging. While we readily would admit that, like Aristotle, we love the One, the True, the Beautiful, and the Good, we often have convenient, one-sided definitions for those absorbent philosophical terms. We define them uncritically by the looks or characteristics of relative youth, of passing fashion, of social acceptability. And to these we dangerously ascribe levels of worth.

Yet more deeply than fad, the wisdom of the ages reminds us that human worth and ultimately value are not tied to fashion or social convenience. Such are the rich and stinging reminders of literature that the Presence of the Divine often comes to tent doors or along human roadways in the seemingly unbeautiful, the poor, the leper, the dispossessed, those who society might visibly or economically judge as less than or unworthy.

In these regards, we are reminded of contemporary heroes such as Frances Xavier Warde, Cicely Saunders, Martin Luther King, Teresa of Calcutta, Dorothy Day, Peter Maurin, or Dietrich Bonhoeffer who gave all—even their lives—to touch those most dispossessed and bring them newness of life. With these classical figures, today we celebrate the passion of our Wounded Warriors, who are heroes in our midst and who have given their all to heal the world of the wounds of war, of fear, of oppression, of ignorance, and of cruelty, Our passionate care of our Wounded Warriors is a passion that is inadvertently changing our post-industrial, post-modern wounded definitions of healthcare itself. Wounded Warrior Care, then, is a springboard for healing the very nature of human healthcare. The passion of our heroes and our care for them is a graced opportunity for us to re-consider and re-imagine what it is we mean by healthcare in the first place. I wonder. Do we realize that in caring for them our pre-conceptions and biases will necessarily be critiqued, disturbed, rippled, upended, changed?

An Invitation Inward

In one ancient story, a poor man is seated by a pool called Bethesda, a name that means "house of mercy." He knows that to be cured he must jump into the water when some divine hand ripples it. Unexpectedly he meets someone who brings him the healing he so much craves. His preconceptions of how healing comes and what healing means are disturbed and rippled. He does not have to jump into the physical pool. He dives into the experience of healing itself.

Today, in a certain respect, this special edition of the *Journal of Healthcare, Science and the Humanities*, and the Conference of which this is the Proceedings, is another type of pool, an experience. It ripples constantly. It bids us jump in. It bids us be disturbed and changed. It is hoped you will. But beware, while the Passion of our Heroes invites us to reconsider how we care for them and how we think about the nature of healthcare, there is a third challenge. That challenge is what all this might mean for us as women and men

of contemporary society. Indeed, there is an inherent and demanding call in all this for us as the ordinary citizens. But we cannot engage this third challenge just yet. We must begin our journey by jumping into the pool of the following reports, reflections, reviews, and thoughtful literary works.

Dive well. The journey will refresh you for the challenges yet to come.

Disclaimer: The opinions found in the Prelude are those of the author; and do not represent the views of Navy Medicine, the Department of the Navy, the Department of Defense, or the United States Government.


MEDICAL HUMANITIES
RESEARCH LEADERSHIP


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AGENDA

The 2011 Smithsonian/Navy Medicine Conference Series

A series of distinguished ethics education conferences sponsored by the
Office of Sponsored Projects of the Smithsonian Institution
in partnership with the
Navy Medicine Institute for the Medical Humanities and Research Leadership
and the Uniformed Services University of the Health Sciences.

Wounded Warrior Care: Rediscovering the Meaning of Healthcare in America Today

Date:
April 28, 2011

Time:
10:30 AM to 5:00 PM

Location:
National Museum of Natural History
Smithsonian Institution
Baird Auditorium
10th and Constitution Avenue NW
Washington, DC 20560

Admission:
Free. Open to the general public. Registration requested.

Summary

The care of our Wounded Warriors is a significant challenge. As our women and men return to us from the battlefield with new and deeper wounds, often invisible, our culture today must meet their needs in ways very unexpected. Yet healing is a mutual gift. We might consider that in our offer of healing to our Wounded Warriors, they also offer healing to us—a healing of the evidence in our society of a too often self-centered individualism, apathy, denial, and the refusal to care deeply for those in need because it can be too inconvenient or perhaps too ultimate. This conference will offer a series of keynote lectures, panel presentations, and discussions designed to heighten our awareness of the presence of our Wounded Warriors as equal members of society. The conference will draw special attention to the challenge that Wounded Warrior Care brings to our self-understanding as a people, a culture, and a nation. This conference will call us to a deeper sense of compassion and care for all those who suffer and are in need. Ultimately, the goal of this special time together will be to consider a contemporary spirituality of compassion, meaning "to suffer with," and thereby discover more deeply what it means to be truly a human and humane society.

Agenda

Schedule

10:30 AM	**Welcome and Introductions** Scott Robinson, Director, Smithsonian Office of Sponsored Projects Dr. Wayne Clough, Secretary Smithsonian Institution Dr. Edward Gabriele, Special Assistant to the Navy Surgeon General for Ethics and Professional integrity and Deputy Vice Chancellor, Navy Medicine Institute
11:00 AM–12:00 PM	**Opening Keynote: The Spirituality of Wounded Warrior Care** Rev. Richard Curry, SJ, PhD, Georgetown University
12:00 PM	**Lunch**
1:00 PM–2:30 PM	**Moderated Panel Discussion** Richard Salem, JD, Moderator President and CEO, Enable America and Vet Connect Panelists: Ms. Ivonne Thompson Heidi Squier Kraft, PhD Sgt Julian Torres, USMC
2:30 PM–3:00 PM	**Break**
3:00 PM–4:00 PM	**Leadership Panel Discussion** RADM Karen Flaherty, USN Deputy Surgeon General and Vice Chancellor, Navy Medicine Institute COL Patrick Kanewske, USMC, MARFORCENTCOM Chief of Staff
4:00 PM–4:40 PM	**Closing Keynote** VADM (ret) Michael Cowan, MC, USN Chief Medical Officer, Deloitte
4:40 PM	**Closing** Dr. Gabriele


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EDITORIAL REPORTS


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Editorial Report of the Opening Keynote Address of the Wounded Warrior Care Conference by Rev. Richard Curry, SJ, PhD: *The Spirituality of Wounded Warrior Care*

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Introduction

The opening keynote speaker was the Reverend Richard Curry, SJ, PhD, a professor at Georgetown University and founder of the National Theater Workshop of the Handicapped. The purpose of the opening keynote was to introduce the themes of the

conference and set the stage for further discussion. It is difficult to imagine anyone better fitted for this task than Father Curry. Born without a right forearm, he was told as a child all the things he could not do. He became a Jesuit Brother at the age of 19 and was trained as a baker, a trade he later used to found a bakery training program for the disabled. He earned a PhD in theater and, for the past six years, has used his expertise in dramatic arts to help disabled combat veterans tell their stories as dramatic monologues. After spiritual discernment, Father Curry took up seminary studies and was ordained into the Roman Catholic priesthood in 2009 at the age of 66, after several veterans asked him to hear their confessions, a service he could not provide as a lay brother. He is currently chaplain-in-residence at Georgetown University and has recently launched an academy for disabled veterans to minister to those who have lost limbs and suffer from PTSD. His work has been honored with the President's Award of the National Council on Culture and Arts, and a Distinguished Service Award of the President's Committee on Employment of People with Disabilities.

Summary

Father Curry opened his address with a story from his own life that illustrates prejudice against the disabled. Sent by the Jesuits to a PhD program in theater arts, he attempted to audition for a mouthwash commercial to fulfill a course requirement. Upon seeing his empty sleeve, the receptionist burst into laughter and refused to admit him. She claimed she could be fired if she did so. The prejudice was ugly and explicit. He was not asked to leave because he could not perform the task; he was asked to leave because he had a disability. The implication was that the disabled are less than perfect and should not be seen. Hurt and angry, he walked toward home, and thought, "Where are the physically disabled in our theaters, on stage, on the screen or even teaching theater?" He realized that theater was not open to persons with disabling conditions. By the time he arrived home he had decided to form a theater school for persons with disabilities. The result was the National Theater Workshop of the Handicapped.

The Workshop has attracted applicants from around the English-speaking world. It has given innumerable students the opportunity to discuss what it feels like to be disabled, to pursue their desire to be an artist and to articulate that human need they all had—to be seen as a person. The Workshop has now trained tens of thousands of disabled actors, many of whom have gone on to perform in commercials, theater, television, and the movies. Some students have resigned their jobs and sought others better suited to them, buoyed by the confidence they found in performing on stage. Father Curry said that he began the Workshop in an attempt to give something to people who had been denied. What he was not prepared for was discovering how much talent there was in the disabled community and realizing what a waste it was for Americans not to incorporate that talent into the arts. Subsequently, the theater program expanded into programs for playwriting, music, dance, and puppetry to develop those talents. Every aspect of these programs was led by and informed by persons with disabling conditions.

Father Curry spoke of a schism between the world of the able-bodied and the world of the disabled based on ignorance and stupidity. The disabled are treated as if they were public property. Probing and intimate questions that no one would dare ask an able-bodied person are routinely asked of the disabled. Often the disabled are treated like curiosities.

"What we were asking the able-bodied world to do," said Father Curry, "was something they had been trained not to do. Look at us. See us as people."

Finding acting employment is not easy, and aspiring actors have to have some way of supporting themselves while they audition and hone their skills. Traditionally, young actors have found employment as waiters, but this is not a realistic job for the disabled. To fill this void, Father Curry founded a baking school and retail store, eventually authoring two cookbooks. The baking school taught his students a marketable skill and gave them a tangible product, something they could make with their own hands that they could take pride in.

As the Workshop and Bakery School became successful, Father Curry received requests for interviews from national news organizations. One correspondent arrived looking very uncomfortable. He did not introduce himself to any of the students and just stood by in apparent fear. When, on the second day, he asked, "What annoys you people?" he was immediately confronted by a student. "What annoys 'we' people," she said, "is that you able bodied people have such a narrow idea of what we can and cannot do that you didn't even introduce yourself; we are persons!" The reporter then challenged Father Curry's reference to his disability as a blessing. "I don't want anyone to be disabled," he replied, "but if this is what God gives us, then I say embrace it and celebrate it!"

Once, at a banquet for disabled athletes, a veteran of the Iraq War said to him, "Father, I don't know where I am. Since I lost my leg I no longer feel I am a father, a husband, an employee or even a member of my parish. Losing my leg has totally disoriented me. It has sucked the identity from my body. I don't know where I am on this earth. I'm ashamed. And I'm more scared now than I ever was in Iraq." Father Curry assured him he was among people who loved him and the veteran then introduced him to all his friends. Every veteran was anxious to tell Father Curry his story. He recalled being struck by the great unmet needs of returning veterans and realized that although the National Theater Workshop had helped so many disabled people, it had not reached out to meet the needs of the military.

Father Curry soon realized that each veteran he met had a story to tell and was anxious to tell it. He went on to explain, "Telling a story theatrically gives you a voice you can share. It emboldens you." (Kornhaber and Kornhaber, 2006). Father Curry then formed a Wounded Warriors Writer's Program. The program focused on writing and performing dramatic monologues. A dramatic monologue is not just a story; it is a narrative that imparts something to the audience. Each participant was asked, "What do you want the audience to leave with? Do you want them exhilarated or heartbroken or angry?" The veterans were nervous about performing in front of an audience, but found their experience exhilarating and healing. The audiences were themselves transformed by the stories they heard. Herein lies an important point. The disabled actors gave something to the audience that changed them; the audience, in turn, was "the wind beneath the wings" of the actors, supporting them and allowing them to soar. Although the monologues were ostensibly about wounding and disability, they were really about something far deeper and more meaningful. The monologues dramatized something with which the audience could identify, which is the triumph of the human spirit. This reciprocity between the disabled actor and audience, through which each is supported and transformed, is something we in healthcare cannot

ignore. This is the kind of artistry and spirituality that beckons us to enter as a living experience, a powerfully different form of in-depth participation.

A number of lessons were learned from this experience. Veterans are extraordinarily helpful to other veterans. Whenever you bring veterans together you will find the room filled with generosity, hope and tremendous support. Older veterans who had been ignored for years are eager to help their fellow veterans because they believe they can help their younger colleagues escape the abuse they had endured. This is a key point. Disabled people do not want to be the passive recipients of others' goodwill. They do not want to be treated as nonpersons. They want to be active partners in the healing process—for themselves, their fellows and for society. Wounded Warriors joined the military to serve; they want to continue to serve. We in healthcare need to stop thinking of them as sick. "I may be disabled," said Father Curry, "but I am not sick." We need to look beyond disabilities. The disabled community is filled with people of great talent and ability. If we as a society ignore them we are overlooking people who have much to contribute, and who want to contribute. The disabled have something to teach us able-bodied and, if we are willing to listen and to participate, we will be a richer nation. The Life of the Spirit is something that we, as a society, must participate in and grow from. What we should focus on is not what our Wounded Warriors have lost (limbs, eyesight, etc.), but on what have they gained. There is life after disability and it is a life in which we should all participate and grow. The disabled are more than their disabilities; they are more than their bodies. They are a gift to us, and we are richer because of them. Obviously, this then makes the care of Wounded Warriors a teaching moment for all.

Reflection

Father Curry's address deals with self-knowledge, alienation and reintegration; issues that are pertinent not only to Wounded Warriors but to all combat veterans and many disabled persons as well. These themes recur throughout the literature of Western civilization; we find their first mention in the works of the Greek poet Homer.

Knowledge—the Siren's Song

About ten years ago a colleague invited one of the authors, Dr. Bruce Boynton, to dinner to meet Dr. Jonathan Shay, a psychiatrist working with Vietnam veterans at a VA hospital in Boston. Dr. Shay was well known as the author of *Achilles in Vietnam*, a critically acclaimed study that drew parallels between PTSD in combat veterans and the heroes of the Iliad. He was then researching a second book about returning veterans, and we discussed the combat experience, PTSD and the Homeric epics at length. During the course of the evening he asked the following question: What was the Siren's song? That is to say, what was its content?

We were familiar with the story. The enchantress Circe warned Odysseus of the Sirens. These creatures in the form of women sang so seductively that sailors passing by would be lured ever closer until they crashed their ships upon the rocks. Odysseus, wishing to hear their song, stopped the ears of his crew with wax and had the sailors bind him to the mast until his ship was safely past. Of what then did the Sirens sing? None of us knew the answer. We guessed that it must be some sensual allurement and, though this is the opinion

of many, it is wrong. The truth is far more interesting. Here are the relevant lines from Book XII of the *Odyssey*, as translated by Samuel Butler.

> "Come here," they sang, "renowned Ulysses, honour to the Achaean name, and listen to our two voices. No one ever sailed past us without staying to hear the enchanting sweetness of our song- and he who listens will go on his way not only charmed, but wiser, for we know all the ills that the gods laid upon the Argives and Trojans before Troy, and can tell you everything that is going to happen over the whole world."

What the Sirens promise is not something sensual, but knowledge—and that knowledge is of a very specific kind: what will happen in the future and what the gods did at Troy. To understand the last kind of knowledge and why it is so seductive for the combat veterans we have to dig into the *Iliad*.

The action of the *Iliad* takes place on two levels: the realm of everyday world of sense experience, and the realm of the gods. Although the gods may make themselves visible and interact directly with the combatants, for the most part they are unseen, although their actions are not. Thus in Book VIII, Teucer aims an arrow at Hector and misses. We learn that Apollo turned the arrow aside and caused it to strike the charioteer, killing him.

Therefore the warriors know only one aspect of the combat that they and their comrades experience. The actions of the gods are unknown to them. This occult knowledge of how the gods interfered completes and brings meaning to the chaos of hand-to-hand combat. That is the knowledge that the Sirens offer Odysseus. It is an understanding of the reality of combat that transcends sense experience. The Sirens offer to explain what happened in reality.

Why would the promise of this knowledge be so alluring to combat veterans? The reason is straightforward. Combat veterans often feel that they do not know what actually happened. Military histories are written from the perspective of the Divine looking down upon the battlefield. The experience is far different for those on the ground. On the battlefield, "…the light of reason is refracted in a manner quite different from that which is normal in academic speculation." (Clausewitz, 1984, p. 113). This is truer now than in the past. As Captain Adolf Von Schell explained in 1933, before the First World War all armies fought in comparatively close order. Now "…we fight against an enemy we cannot see... We no longer fight in great masses, but in small groups, often as individuals. Therefore, the psychological reaction of the individual has become increasingly important." (Von Schell, 1933, p.9) The sensory inputs from combat are very powerful and produce impressions that last a lifetime. There are loud noises, vivid sights, physical discomfort, pain, hunger, fatigue and fear. These stimuli are presented in a rapid and erratic fashion that can be disorienting. Each combatant's memories are dominated by their sense experiences. When veterans meet they try to establish reference points: Where were you? Who were you with? What happened?

The veteran's search for understanding of one's experience is well attested in literature. For example, *Tristram Shandy's* Uncle Toby, an infantry Captain wounded in Flanders, spends the rest of his life absorbed in a study of military trivia related to his service. (Sterne, 1759)

However, the veteran's quest to discover exactly what happened to him/her in combat is doomed to failure. What the Sirens dangle so seductively before us is divine knowledge. Knowing what the gods did is just as unattainable as knowing the future. The details of the veteran's combat experience can never answer the real questions, the existential questions, the only questions worth asking: Why did the dead die? Why did I live? Why was I wounded? How am I to live now?

Alienation

Wounded Warriors, and to a lesser extent all combat veterans, feel alienated from society upon returning home. Alien, from the Latin *alienus*, means strange or foreign, an apt description of how the returning veteran feels. The veteran feels strange and out of place, as if he or she does not belong. The reasons for this feeling of alienation are multiple.

The veteran has abruptly separated from a group with whom one has close ties. During deployment she or he has experienced things that are difficult to share with family and friends. In many ways the veteran has grown into another person. Meanwhile, family and friends have grown in other ways. The result is that what should be familiar (family, friends, home) seems foreign. The veteran, in turn, may seem strange to family members and friends—not the same person who left home a year ago. The veteran startles when a car backfires; has outbursts of rage at seemingly trivial annoyances. The veteran feels caught between two worlds, the world of combat unit and the world at home. This may explain, in part, the commonly expressed wish of Wounded Warriors to return immediately to their combat units. The feelings of alienation just described are, to some extent, normal and expected and experienced by all combat veterans. When the veteran is a Wounded Warrior the alienation can be much more profound.

In "Soldier's Home," Hemingway portrays just such an alienated veteran. Harold Krebs has no visible wounds; he does not even have PTSD. Yet when he returns home from France after World War I he is completely alienated from the society he left. He has no job and no friends. He does not even have any real emotions. He mouths endearments that he does not feel to his family. In many ways he is as alienated from life as Meursault in Albert Camus' novel, *The Stranger*. He has become marginalized and an outsider.

Western civilization has always had a curious ambivalence about marginalized people, such as beggars, lepers, epileptics, the elderly, the blind and the disabled. On the one hand these people are outside normal society and are too often disregarded as imperfect, less than fully human. On the other hand the marginalized may represent something entirely different, something outside normal experience. Western literary traditions are full of tales of the Divine or the Saints appearing, unrecognized, as lepers, beggars, or those far advanced in age.

Some of us may remember one such story from the life of Francis of Assisi. Francis of Assisi is one of the great figures of Western history and his stories abound in many of our lives for their human significance beyond any one person's religious affiliation. One story fits well in this context. Francis was a soldier himself and was held for a year as a prisoner of war. After returning home he had a serious illness and, during recovery, experienced a profound conversion of life. After his conversion, in a fascinating way, his former ways of seeing life remained but were deeply changed. A part of what was, in the 13th century,

looked upon as the Life of the Troubadour had Francis with his friends always in search of his Lady Love. After his conversion, he still sought that Lady Love. However her identity was no longer one of the beautiful young women of his time. Now it became Lady Poverty. Another transformation took place when he encountered a leper. As the young man of a relatively affluent society, he previously had looked to money, fine clothes, and what we more moderns would call the "beautiful people." Before his conversion, Francis had a deep aversion to anything other than the beautiful. He had a particular aversion to lepers. Now, after his conversion, he met someone who had been the source of this particular revulsion for him. The encounter proved monumental. Francis took him to a nearby stream, washed his wounds, and then exchanged clothes. This was a real conversion—an almost cataclysmic change of life and identity. He was ultimately able to accept and love that which previously he had reviled. His conversion had changed his vision, his worldview and his heart. That which was previously horrific had become its opposite. The two parted. When Francis turned one last time to say goodbye, the leper had disappeared. The leper was Jesus Christ.

The marginalized still call us today. Father Curry told the story of how he decided to become a priest after 40 years as a Jesuit brother. After counseling one disabled veteran the young man asked him to hear his confession.

"I can't," replied Rev. Curry, "I'm a Brother, not a priest."
"Why aren't you a priest?" the veteran asked.
"Because I haven't been called," he replied.
"Well, consider yourself called now!" the young man exclaimed.

The true wisdom of a nation resides, not in its ivory towers, but in its ordinary citizens. Our call to service does not really come from sirens or edicts or the orders of higher authority; it comes from within our fellow human beings.

Reintegration

If knowledge is not the solution to the veteran's dilemma, then what is? Consider Odysseus' problems in returning home. After ten years of wandering, Odysseus finally reaches his home on the island of Ithaca. When he reaches shore, the goddess Athena envelopes him in a mist so that he does not recognize his homeland, and then disguises him in the form of an old man, significantly a marginal character (*Odyssey*, Book 13). Although identified by his old nurse and his dog, two other marginal characters, neither Odysseus' wife nor his son recognize him, (*Odyssey*, Book 17, Book 19). Odysseus' must reestablish his position as a father, a husband and the ruler of his own household; relationships that are now threatened by the suitors whom he is forced to fight. Once again, Homer perfectly captures the plight of the veteran: his alienation, his damaged relationships, and the tasks faced in reintegrating into the world he/she left behind.

Although Odysseus returns home and, after some fighting, rules his household and kingdom again, the plight of the Wounded Warrior is more complex. Having become disabled, Wounded Warriors must learn new skills to support themselves. However, the abrupt dislocation in their lives opens new opportunities that they might not have considered previously. Herein lies the brilliance of Father Curry's work. The bakery enables Wounded Warriors to acquire a marketable skill, while the theater trains them in an art that gives full rein

to their desire for self expression. "Quite frankly, they're not Wounded Warriors," Father Curry explained. "Wounds heal. These are permanently disabled adults. When the flags stop being waved, there's the reality of living 40, 50, 60 years with your disability. That's what I want this program to deal with. Finding a joy after disability." (Kornhaber and Kornhaber, 2006)

Finally, we cannot leave the topic of reintegration and a change in careers without mentioning the case of Ignatius of Loyola, the founder of the Society of Jesus in the 16th century. As a young man Ignatius was a knight and aide to the Duke of Najera who fought in numerous battles. In 1521 he was injured by a cannon ball as the French army stormed the fortress of Pamplona. The missile passed between his legs, lacerating his left calf and breaking his right tibia. The garrison fell and Ignatius was captured by the French. His broken tibia healed badly and had to be re-broken and reset. Subsequently, his right leg became shorter than the left. He faced a prolonged convalescence and a future in which his disability had cut short his promising military career. During his recovery Ignatius, like Francis of Assisi, underwent a conversion. It changed his life's course, channeling his great energy and his military discipline into the founding a new religious order, and writing *The Spiritual Exercises*, now considered a classic of religious literature. Yet what most individuals do not realize is that the type of religious body that Ignatius founded was unlike any other founded to that time in history. Rather than be tied to the traditional forms of life in a monastery or abbey, the members of the Society of Jesus were bound by a lifestyle of deep personal dedication to each other as a community—but equally deep dedication to leave all at a moment's notice and go to any location in the world where people were in need. Such vision arose directly out of Ignatius' military experience. Yet it also arose directly from his experience of his own wounds. His wounds led him to be dedicated to those who were even more deeply wounded by sickness, war, famine, oppression, and the hunger for truth. A fascinating and living example of how the experience of one's woundedness became the wellspring out of which is borne the generosity of selfless human service.

Beyond the Care of Wounded Warriors

The implications of Father Curry's keynote address reach far beyond the care of Wounded Warriors to include all disabled people and all of healthcare itself. The care of Wounded Warriors leads us to rethink healthcare for everyone. The disabled evoke strong emotions in the able-bodied, emotions we are sometimes ashamed to admit. Often these emotions are labeled as pity, but that pity is mixed with elements of fascination, fear and horror. The rejection tinged with hostility that Father Curry encountered in both the receptionist and the reporter is, sad to say, not an aberration but often a regular experience. We avoid the disabled not because of what they cannot do, but because we deem them imperfect.

Our attitude toward the disabled is of ancient origin. The word *monster* came into English about 1300 CE and originally meant a malformed animal or a creature afflicted with a birth defect. The word comes from the Latin *monstrum*, meaning omen, portent or sign. The affliction was seen as the work of the gods, something to be feared. Though we are more sophisticated today the disabled still evoke a visceral reaction within us. We may pity the leper but we do not want to see him, much less touch him.

How can we transcend this deep seated attitude? Perhaps the story of Francis and the leper provides an example. Francis felt revulsion for the leper but through force of his converted self he overcame that revulsion. He became charitable, giving the leper his care and clothes. But that was still not enough. What was required was love, and when Francis washed the leper's wounds he himself was changed yet again. The disabled want neither our pity nor our charity; they deserve our care and our love. If we love those who appear unlovable we will change all of healthcare…and ourselves.

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Editorial Report of First Panel Discussion of the Wounded Warrior Care Conference led by Richard Salem, JD, Heidi Kraft, PhD, Ivonne Thompson, and Sgt. Julian Torres, USMC

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Introduction

The second major event in the Wounded Warrior Conference was a panel discussion. The discussion was designed to bring together individuals whose personal and professional experiences would reveal for participants the depth of the fundamental Wounded Warrior Care experience. This first panel did precisely that. It brought together individuals who intimately have been touched by the Wounded Warrior experience and who, in one way or another, have found that experience to be the springboard that presented them opportunities for personal growth and professional development.

Ms. Ivonne Thompson was the first panelist. Ms. Thompson is the wife of HM2 Anthony Thompson. HM2 Thompson was severely injured during his second deployment and was medically retired from the Navy in July 2010. Ms. Thompson, with their son, has found the care of her husband to be a life-changing experience that has altered her own way of life and opened up new areas. Ms. Thompson is a radio and television professional with a record of distinct achievement in communications.

The second panelist was Dr. Heidi Squier Kraft. Dr. Kraft is a clinical psychologist and a former member of the Navy's Medical Service Corps. During her active duty, she served as a psychologist at Al Asad Air Base in Iraq. Her profound experiences of healthcare service became the catalyst for her book, *Rule Number Two: Lessons I Learned in a Combat Hospital*, published in 2007 by Little, Brown and Company.

Sgt Julian Torres, USMC was the third panelist. Sgt Torres is himself a member of the Wounded Warrior Care Community. Participating in the conference with his wife Ashley and their son, Sgt Torres is a bilateral amputee Wounded Warrior currently taking advantage of the services of the Comprehensive Combat and Complex Casualty Care Center at Naval Medical Center, San Diego.

The panel was moderated by Mr. Richard Salem, JD, President and Chief Executive Officer of Enable America, Inc, and VetConnect. A graduate of Duke University Law School, Mr. Salem comes from a Navy family and is himself visually impaired. He has a nationally recognized record of service on behalf of Wounded Warriors, their families, and their ongoing service to the nation and the world.

Panelists gave individual presentations that included personal experiences and perspectives. These presentations were followed by discussion and interaction among themselves under the guidance of the moderator. The panel ended with a general question and answer period during which individual members of the participating audience continued the interaction and broadened it for all attendees.

Summary

Ivonne Thompson
Wounded Warrior Wife

Ivonne Thompson was 20 weeks pregnant when she learned that her husband, a Navy Hospital Corpsman, had been injured by a truck bomb in Iraq. Knowing only the bare essentials of her husband's condition, she flew to Germany, where he was being treated at Landstuhl Regional Medical Center. Ivonne was in for a rude shock. Her young husband, who appeared virtually unscathed except for the forest of tubes that were keeping him alive, had suffered perhaps the cruelest wound that could be inflicted on any human being—traumatic brain injury.

Anthony Thompson slowly but surely made his journey from Landstuhl, Germany, to the National Naval Medical Center in Bethesda, Maryland, where for months he received the finest medical care. Nevertheless, Ivonne's rude shock slowly evolved into the knowledge that her husband would never be the same again. She understated, "Things are going to be very different for us."

With rehabilitation and constant attention from his devoted wife, Anthony regained consciousness and met his infant son. Still requiring constant vigilance, the wounded corpsman was medically retired a mere eight months following his injury. The round-the-clock care by Navy medical professionals stopped even though recovery from his injury had not ended. He would be handed over to the Veterans Administration system for further treatment.

The Wounded Warrior's wife would have to pick up the slack. The cocoon that cushioned those responsibilities had been removed. She then came to the realization that, "He's now my responsibility." That very heavy responsibility meant caring for a Wounded

Warrior, ministering to all his needs, and being a young mother at the same time. Ivonne now had two individuals to care for—an infant son and a brain-injured, nearly helpless husband who was 100 percent dependent on her for daily living needs. She also understood that she had to make the injured father part of her son's world and their son a part of his. Many daunting realities cried out for answers.

As with other spouses of Wounded Warriors, Ivonne Thompson not only had to face her husband's long-term care, but she also had to confront a society ignorant of "what it's like to go to war and come back forever changed." And then she had to face another reality: "When a spouse is killed in action, it's over and you go on with life. Caring for a Wounded Warrior spouse with traumatic brain injury is forever."

In their "new" life, there would be the awkward public moments when Anthony, confined to a wheelchair, would become an object of pity. Ivonne recalled the embarrassing time another young mother intercepted her child as he tried to enter the Thompsons' world at a nearby shopping center.

And yet trial and error, love, and an indomitable spirit and resourcefulness have enabled Ivonne and her young family to cope with daily life. Ivonne has made a slow but steady transition an accommodation. Under these very emotionally fatiguing circumstances, she continues to find ways to make life work for her and her family. Helping the process along, she has discovered and continues to nurture a mutually supporting community of other Wounded Warrior spouses, mothers, fathers, sisters, and brothers. Leading a "normal" life for the Thompsons continues to be a work in progress.

Heidi Kraft, PhD
Clinical Psychologist

Clinical psychologist Heidi Kraft described her time in Iraq during and following the December 2004 battle of Fallujah. The Marines had not experienced such brutal urban fighting since the battle of Hue during the Vietnam War's Tet Offensive in 1968, and Heidi's experience ministering to both Marines and Navy medical personnel was intense. Emergency medical services near the battlefield were stretched to the limit. She related her experience with those caregivers—physicians, nurses, and hospital corpsmen—exhausted and stretched to their limits by treating dozens of grievously injured warriors night and day. She recounted, "Those medical people were so exhausted but their exhaustion wasn't only physical. Their hearts were broken by the ones they couldn't save."

Heidi's mission in Iraq was to minister to those caregivers—medical professionals who themselves yearned for care and comfort. She related a poignant story of a Marine who arrived at a treatment facility missing both legs and both hands. Despite his injuries, the man sensed the tension and psychological anguish his caregivers were experiencing and, regardless of his own desperate condition, reached out to them. His keen ability to tell a good joke provided relief from the tension, and it was only after he was medically evacuated did those medical personnel realize the service he had provided them. As Heidi Kraft pointed out in her presentation, "It's more than caring for each other. It has evolved to something else. It's about saving one another."

Sgt. Julian Torres, USMC
Wounded Warrior

On July 15, 2010, Sgt Julian Torres, 2nd Battalion, 6th Marines, stepped on an improvised explosive device (IED) while leading a patrol with his unit in Afghanistan. The resulting explosion threw him high into the air before he landed in a muddy irrigation canal called a "wadi." In great detail, Julian recounted that day from the moment he sensed the "brightest light he had ever seen" to the realization that both his legs were gone, one above the knee. With the stoicism characteristic of a Marine, he described how his beloved comrades removed him from further danger, applied tourniquets to stem the hemorrhage, and called for a medevac. Although he nearly bled to death from his wounds and was still in shock, Julian recalled every detail of the medical facility where he was admitted—the bright lights and white walls, and the frantic activity of medics, doctors, and nurses who struggled to save his life.

After months of surgeries and rehabilitation at Naval Medical Center, San Diego, Julian announced that he was on the verge of running on his new prosthetic legs.

Reflection

Let the victims of trauma share their stories! This approach is one of the essential keys to healing that the medical profession has learned in recent years regarding physical and emotional trauma. Panel One of the Wounded Warrior Care Conference offered such an opportunity. Yet the experiences of this panel and what they effected among the participants has ancient roots in human experience. Such experience has been the subject of intense inquiry, academic investigation, and philosophical reflection for centuries.

The human animal ultimately expresses meaning in the experience of story or narrative. In fact, it is in narrative that individuals, families, societies, and cultures both articulate their identity and are formed by the same. Each and every human being, from the time of birth onward, is caught up in the experience of one's personal, familial, social, national, and cultural stories. In the telling of tales, human beings attempt to negotiate and come to terms with identity, with aspirations, with desires, with relationship, with dreams fulfilled, and ultimately with the experience of wound and tragedy. It therefore should be no cause for wonder that the family table becomes a place where one not only shares food and drink, but more importantly story and significance. Each of us is well aware of this deeply human phenomenon. In the stories we hear, we learn the meaning of who we are as humans or as members of groups. Such narratives convey far more than just chronologies and facts. Rather, such stories convey the values and beliefs that are at the heart of belonging to others, to a group, even to one's self.

This first panel was more than just a group of individuals who were asked to share dates and times. In a profound way, each of the panelists was invited to share their story as a type of doorway through which the rest of us were invited to enter. From that doorway, it was easy to sense within one's self the experience of being pulled into a living experience of tragedy, of courage, of fear, and of immense hopefulness. In a certain and rare sense, one was invited not to hear just with the physical ears, but to listen and become caught up

with an inner ear such that one's entire being was able to pulse differently by the end of the experience. Ultimately, the panel experience was an invitation into an experience of suffering and courage that made one sit back and consider carefully: "What might this be saying to me?"

The answer to that question could not possibly have come by the end of the panel or the entire conference. Rather, what we were invited to do was to enter into the experience of the question marks that the lives of these individuals ask of all of us.

What had the panelists given us by relating their deeply personal stories? What had we, as witnesses, given them? In the sharing of the entire conference, the experience of narrative emerged powerfully with messages. Yet, one particular message came across loud and clear.

We are not merely dealing with Wounded Warriors but injured families and, therefore, are obligated to integrate those families into the mainstream. The stories we heard invited us to consider most powerfully how our own lives need to be changed most deeply so as to hear those who suffer as they cry to us to help them to understand who they are and what is the meaning of their needs. Moreover, all the panelists made evident the concept that healing is a mutual gift. As a society that sends our sons and daughters into harm's way, we must care for Wounded Warriors whose injuries are the inevitable result of serving their country. And when we do our best to heal them, they, in turn, help heal us.

If we learned no other lesson from these panelists, bearing witness to their stories moves us to a deeper level of compassion. As Heidi Kraft so eloquently pointed out, "It's about saving one another."

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Editorial Report of Second Panel Discussion of the Wounded Warrior Care Conference led by RADM Karen Flaherty, SHCE, USN and Col. Patrick Kanewske, USMC

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Introduction

This panel included Rear Admiral Karen Flaherty, SHCE, USN, MSN, Deputy Surgeon General and Vice Chancellor, Navy Medicine Institute; and Col. Patrick Kanewske, USMC, MA, MS, U.S. Marine Corps Forces Central Command Chief of Staff. They focused on recent leadership and innovation in Wounded Warrior Care, highlighting the growing awareness of and response to traumatic brain injury; in addition, they reported on successes in acute battlefield care, in particular, follow-on efforts toward improving post deployment medical and rehabilitative care. Col. Kanewske also detailed recent changes in criteria for Purple Heart consideration for those who have suffered brain injury.

Summary

RADM Flaherty opened by arguing that national leadership has a sacred trust to care for those injured while serving. Advances in medical technology and lessons learned in Iraq and Afghanistan have allowed us to attain battlefield survival rates up to 97–98%, rates unprecedented in history. We do exceptionally well providing acute care. She argued that this means we now have the opportunity, and the obligation, to focus energies on post-deployment rehabilitation. This need is made all the stronger by unique features of the present situation. Today's wars are significantly different from those of previous generations in three primary respects: first, wars are longer and open-ended military operations (for example, we have been in Afghanistan for nearly 10 years); secondly, there is increased reliance on Individual Augmentees (Reserve Component); and thirdly, multiple deployments are common occurrences due to ongoing operations.

In light of these conditions, leadership has sought out younger active duty service members and patients, asking for detailed feedback about how to better serve them. The response has revealed several challenges associated with the increased survival rates and extended tours. For instance, family members and parents are caring for their sons, daughters, spouses, and siblings—some even care for the caregiver. To better gauge needs of caregivers and family members, mobile agile care teams in Afghanistan regularly interview individual Navy and Naval reserve service members deployed with Marine and Army units. The most important lessons these teams have learned are:

1. Tour lengths have significant impact on psychological health. Tours of 6 to 7 months are better than extended deployments.

2. Service members need more down-time in between deployments to rest and rebuild family ties.

3. Restoration centers have been set up in theatre, which have helped people return to duty. Sleep is a basic need that can be effectively supplied at such centers.

4. Alternative therapies are helpful and provide multiple opportunities for rehabilitation and resuscitation.

5. Caring for caregivers is vital. Compassion fatigue is inevitable.

6. Continuous innovation is important, with the focus on successful innovations both in theatre and in post-deployment environments. The search is ongoing for what is possible.

7. There must be a long-term commitment to openness and listening to all stakeholders.

RADM Flaherty also noted these challenges will not diminish as we move into the next 50 years. Wounded Warriors will continue to need our support. The above suggestions, along with continued surveys and innovation, will assure that we meet our ongoing commitments to those wounded in the service of the country.

Col. Kanewske followed up on the themes introduced by RADM Flaherty, highlighting rehabilitation and recovery programs the Marine Corps has introduced in theatre and at home. He began his remarks by noting changes in criteria for awarding of Purple Hearts. These changes came about because of the prevalence in the Iraqi and Afghan theatres of concussive and traumatic brain injuries due to exposure to IED blasts.

He outlined the efforts of the 1st Marine Logistics Group (MLG) to build and staff a first of its kind "Concussion Restoration Care Center" at Camp Leatherneck, Afghanistan. The 1st MLG, with the cooperation of the Bureau of Medicine and Surgery, deployed a specialized team from Camp Pendleton, California. It carries out a program of assessment and treatment of brain injuries, something that had not been provided before. The effort has been duplicated in other areas of Combined Joint Operations Area-Afghanistan.

Often, Marines ignore or downplay the effects of concussions, and wanting to return to the fight, do not wait until they are fully healed. Centers not only educate Marines about concussions, but also provide necessary time to heal under expert guidance. Guidelines are in place for observation of concussions. Any Marine within 50 feet of a blast is monitored for 24 hours. If symptoms persist, monitoring is increased until the Marine is back to normal. Approximately 500 Marines a month are seen at such centers in Afghanistan.

The Marine Corps also has instituted the highly successful Wounded Warrior Regiment. This is a nationwide organization headquartered in Quantico, Virginia, which provides extensive non-medical rehabilitative care and support for wounded and injured active, reserve, and veteran Marines. The Regiment assists them as they either return to duty or transition to civilian life. The regimental headquarters commands two battalions located at Camp Pendleton, California and Camp Lejeune, North Carolina, and multiple detachments in locations around the globe. Among the services provided: athletic reconditioning; pastoral care; a 24/7 call center that conducts outreach and fields calls for assistance; job transition services; district 'injured support' cells; family support; and stewarding through the Disability Evaluation System (DES).

Additionally, Col. Kanewske highlighted the Veterans Administration's Polytrauma System of Care (PSC), which includes primary centers in Tampa, Florida; Richmond, Virginia; Minneapolis, Minnesota; and Palo Alto, California, along with associated network sites across the nation. This system provides intensive rehabilitation services for veterans and service members who have suffered severe injuries to more than one system of the body. These usually include brain injuries. The centers also provide extensive training and support for caregivers and families. Col. Kanewske reported that the record of success is exemplary.

Other successful programs mentioned by Col. Kanewske are Hunters for Heroes and Vet Connect. The Hunters for Heroes program, a non-profit 501(c) 4, provides hunting and other outdoor activities to servicemen and veterans who have been wounded serving in Afghanistan and Iraq. It is based in Columbus, Georgia. Enable America launched the Vet Connect program, also a non-profit. Vet Connect supports the Department of Defense, the Department of Veterans Affairs, and the many other private organizations that address the needs of Wounded Warriors through programs that help them adapt to everyday routines with their disabilities, enable them to further their education or vocational training. Vet Connect engages in community outreach activities and resources network development

designed to provide Wounded Warriors and their families with access to employment opportunities and reintegration into civilian life. Since 2007, more than two hundred Wounded Warriors and their families have been served by Vet Connect mentors across the country. Vet Connect improves the recovery of Wounded Warriors by pairing them with similarly wounded peer mentors who have gone before them in the recovery process. The key to the program's success are the veterans who work with the Wounded Warriors one on one. It is based in Tampa, Florida.

Reflection

The services outlined by both speakers remind us that care of our Wounded Warriors is not only a matter of obligation for various agencies of the U.S. government, but something many individuals and organizations see as a sacred obligation of citizens who have benefited from the sacrifices of these courageous individuals. Programs like Hunters for Heroes, Enable America's Vet Connect, and the Veterans Affairs' Polytrauma System of Care show the promise and synergy of partnerships between the United States government, medical professionals and private individuals. These partnerships are a promising source of the long term holistic care and rehabilitation that is envisioned as essential in the coming half century, and was so ably noted in RADM Flaherty's presentation.

Historically, medical care has tended to be top-down; in other words, the concepts for treatment were imposed by professionals onto patients. Leadership science, and other disciplines such as anthropology and psychology, teach us that important new ideas are best communicated in two ways—not only from the top down but also from below and within the community. The communication process is not an either/or but rather a both/and. It is notable that both of the panelists at the conference stressed the importance of getting feedback and involvement from both patients and their family caregivers. Institutions and professions traditionally communicate their new ideas via their leaders, but this has no real meaning unless those ideas have arisen from the society they serve in the first place.

In the healthcare profession, new ideas about treatment, if they are isolated from the realities of human experience, can become authoritarian. On the other hand, without rigor and structure, basing treatment on human experience alone can lead to ambiguity and ineffectiveness.

Care for Wounded Warriors today calls for innovative ideas coupled with the ability of healthcare professionals to learn humbly and to enter into the experiences of both Wounded Warriors and their caregivers. Healthcare professionals cannot be just technicians in these cases, prescribing a top-down solution and merely dispensing medication. They must be present to the pain of others to be effective healers.

If we are to move beyond the traditional top-down approach to medical care, how do we go about teaching our healthcare professionals to be these kinds of healers? While listening to the presentations, it occurred to one of the authors that there is a relative dearth of materials that aid in the education of medical professionals and military personnel in the moral and emotional challenges involved in the short and long term care of Wounded Warriors. This is something that could be profitably addressed through the auspices of the Stockdale Center for Ethical Leadership, the institution at which both authors are privileged to serve.

The Center is housed at the United States Naval Academy. Through research and consultation, the Center identifies and studies important emerging issues in ethical leadership, and assists leaders in tackling these complex issues. The Center develops new ways to strengthen and accelerate ethical leadership development, and disseminates its learning and innovations via conferences, lectures, print and e-publication, as well as multi-media case studies. All of these are made available to the fleet and the wider world via the Stockdale Center website and social media. Center personnel also travel the world connecting with people, programs, and sharing experiences. Through these efforts and our broad reach and impact, the Stockdale Center works toward achievement of a bold vision: Transforming ethical leadership development worldwide.

After attending the panel, the authors realized some of the educational possibilities with regard to Wounded Warrior Care. The Stockdale Center has created interactive films or 'ethics simulators' as well as two electronic volumes of case studies, all of which come with an extensive facilitator guide and which are also made freely available for Navy and others. These are tailored to be discussion facilitators, allowing a robust jumping off point for seminar, ward-room, and similar environments.

The Center has produced seven interactive live-action ethical decision making simulations in partnership with WILL Interactive Inc., thanks to the generous funding developed from the U.S. Naval Academy Foundation. Participants in the computer-based simulations are immersed in realistic environments that allow them to enter into the experience of others, so that they can learn empathy while also applying practical tools to resolve dilemmas. The learning approach is both bottom-up and top-down. Participants face situations with significant moral and ethical dimensions, and they have to make hard choices. Because the simulations are interactive, every choice made leads the narratives in different directions and brings with it the ramifications and consequences of that choice. The decisions made affect the ultimate outcomes.

In addition to putting participants in someone else's world and thus teaching empathy, the simulations come with a step-by-step tool that walks participants through a decision-making process, going from moral awareness through moral action. Learning to apply an ethical leadership the decision-making model assists students in developing the moral "muscle memory" that will be required in high-stress, morally ambiguous situations. Difficult ethical decision-making becomes easier when it is built on a foundation of ongoing practice. Becoming present to the needs of others and learning to walk the steps from moral awareness to action are indispensable skills for ethical leaders. The simulations help develop this muscle memory, especially when paired with the opportunity to apply the ethical decision-making model to many cases.

These computer simulations, possibly paired with interactive simulations, could form the core of an effective educational and training module for medical personnel in the Navy and other branches of the armed forces. It is with this in mind that the authors invite readers to visit the Stockdale Center website, peruse these products, and submit prospective cases involving Wounded Warrior Care. That will certainly advance the discussion even as we are witnessing the impressive advancements in care that were so well described by our two panelists.

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Editorial Report of Closing Keynote of the Wounded Warrior Care Conference by VADM (ret) Michael Cowan, MD: Care of Our Wounded Warriors with Compassion, Hope and Faith

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Introduction

The closing keynote speaker was VADM Michael Cowan, retired—34th Surgeon General of the United States Navy. His closing keynote touched on the topics and lessons of the entire conference in summary form and also pointed the way ahead. VADM Cowan drew on his 33 year Navy career; he was the architect of the doctrine of Force Health Protection, Commander of the Defense Medical Readiness Training Institute, and Director of Multinational Medical Operations in Somalia in Operation Restore Hope. During his tenure as Surgeon General of the Navy, which coincided with the 9/11 attacks, he shouldered

the responsibility for preparing Navy Medicine for the challenges it would face in Iraq and Afghanistan. He directed the formation of the Navy Trauma Training program at the University of Southern California Los Angeles County Hospital, and oversaw deployment of the Far Forward Resuscitative Surgery System that revolutionized battlefield care.

Summary

VADM Cowan began by discussing how we, as medical professionals, address issues of healthcare. Medical professionals tend to be problem solvers by nature. Although this is as it should be, the problem solving mindset does have its drawbacks. One of these is that providers may not recognize the good they do and, over time, tend to take progress in healthcare for granted.

To understand just how remarkable the advances in recovery, rehabilitation and reintegration are, it helps to take a historical perspective. The authors of this report joined the Navy during the Vietnam Era and remember well the wards of Navy hospitals filled with wounded veterans from that conflict. The survival rates of those men (nearly all men) were nowhere near what we see today, and more importantly, we thought that when the physical wounds had healed, the work of military medicine was essentially finished. We did not fully understand the implications of psychological wounds, and particularly the importance of healing the family as well as the patient; nor did we take responsibility for long term rehabilitation, reintroduction to society, and continued life-growth of the patients and their loved ones. We "healed" their wounds, provided a disability evaluation and retired them out of the service. It was not that military providers were cold and uncaring; but we had an entirely different view of the mission of Military Medicine, and that mission stopped at the hospital discharge door.

Since that time we have seen remarkable advances in technology. Diagnostic and treatment modalities have multiplied; diseases and injuries that would have been fatal in earlier generations are routinely treated successfully today. We tend to take these wonders for granted, as though they had always been here. MRIs, CAT scans, organ transplants and computer-guided prosthetics are among the new technologies that have dramatically increased the curative capacity of medicine.

Yet more important than the advances in hardware and pharmaceuticals is the adoption of a new philosophy in military medicine. Following the end of the Cold War, the military leadership began to create a model for a 21st Century Medical System. The first concrete manifestations of this new thinking took form in the document *Joint Vision 2020* produced by the Chairman of the Joint Chiefs of Staff in 2000. The accompanying Medical Annex was called "Force Health Protection (FHP)." This document was based on the twin principles that "health is a complete state of physical, mental and social well-being, and not just the absence of infirmity or disease," and that battlefield medical care does not start and end at the edge of the battlefield.

FHP called for decreasing the size of medical assets, such as field hospitals, and moving them toward the forward edge of the battlefield, better training for warfighters, and rapid stabilization and transportation of unstable patients through the use of Intensive Care

Unit capabilities in the air. It also re-emphasized the importance of a broader vision of health; FHP started the process of healing, not only for the service members but their families as well; it dictated that health needed to go beyond just the obvious level of healthcare and focus more on long term well being and healing of the family unit.

As a result of these changes, more service men and women survive their wounds; and for those who do, the first recognizable face they see on their journey home is often that of a loved one. The "payoff" for this quiet revolution was described throughout the conference and the process of psychological healing was emphasized. In fact, it was pointed out that the discussion today is also part of the healing process itself.

VADM Cowan reviewed how our work is not finished. Healthcare is complex and difficult, and long held traditions and cultural biases, particularly against mental health problems, are further complications. As problem solvers we see the need for this change. However, just because we have more to do we should not forget how far we have come.

Our nation is in the middle of "Healthcare Reform." While it has been a highly debated issue, we realize changes are necessary both to improve the quality of healthcare and to control skyrocketing costs. In terms of this debate, there is much that American Medicine can learn from the process of Wounded Warrior Care. The strength and resilience of patients and their families, their involvement in shaping and promoting their treatment and return to maximum functionality, the dedication of military medicine to whole person wellness, should inspire us all and will raise the profession of healing on a national level to a new level.

Reflection

Admiral Cowan's keynote address was, in its essence, an essay on healthcare change, both in external events, such as technological advances, and change within ourselves, as healthcare professionals. Although both types of change are important, the latter is the most interesting and challenges healthcare providers to learn new ways to define their job and to work with patients and their families.

Our definition of health itself has been altered significantly. The idea of health as nothing more than the absence of disease has been replaced by the definition adopted by the World Health Organization (WHO): "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Although this definition was adopted by WHO in 1946 it was dismissed as little more than utopian in clinical circles even as late as the 1970's, probably because it did not lend itself to quantitative goals such as the reduction in morbidity and mortality rates. Today this definition, unchanged since 1948, is seen as a progressive ideal that embraces the patient, family, environment and community (Constitution of WHO, 1948).

The more complete adoption of this definition of health has led to a reappraisal of our role as caregivers, and this is nowhere truer than in the care of Wounded Warriors. Consider our care of amputees, for example. At one time our concept of amputee care was limited to the care of the wound and the fitting of prostheses. Today we see our task as extending to psychological care, physical and occupational therapy, rehabilitation for

employment and self-sufficiency and the care of the patient's family. Hospital discharge, once regarded as the end of care, is now seen as only one step toward total recovery.

The transformation in battlefield medicine has been no less dramatic and has resulted in an unprecedented survival rate among wounded service members. Combat deaths fall into two categories, those killed in action (KIA) and those who die of wounds (DOW). Deaths classified as KIA are those who die before they reach competent medical care, usually a Battalion Aid Station staffed by a physician. Those classified as DOW succumb after reaching competent medical care. The DOW rate has been low among US casualties since World War I (8%) due to the excellence of forward deployed medical care, and dropped to 3% during the Vietnam Conflict. Since the Korean War, the Department of Defense has grappled with the problem of how to reduce the KIA rate, which has remained constant at about 20%. The first approach was an attempt to decrease the time between wounding and arrival at a source of competent medical care. This led to the use of the MEDEVAC helicopters used in Korea and Vietnam to transport casualties from the battlefield to surgical units in the rear.

In the late 1990's new approaches were considered. Although most KIAs die almost immediately from penetrating head trauma or exsanguination, 20–35% live for as long as 30 minutes, but succumb before reaching competent medical care. Many of these latter patients die from hemorrhage, such as a traumatic amputation or a ruptured spleen. This was identified as a target group that appeared salvageable to medical investigators. Several strategies were employed. Some were straightforward, such as improved training for Corpsmen and Medics, placement of tourniquets in individual combat gear, and development of one-handed tourniquets, but others were highly innovative.

The surgical community considered whether a resuscitative surgery capability, deployed near the forward edge of the battle area, might be effective in reducing the mortality of critically wounded combatants who were injured far from sources of definitive care. Resuscitative surgery includes those procedures, such as airway placement and hemorrhage control, that are lifesaving but do not replace definitive surgical care. An example of resuscitative surgery is the control of hemorrhage from a ruptured spleen by laparotomy and packing.

New surgical teams, known as the Forward Resuscitative Surgical System (FRSS), were created to carry out this resuscitative intervention. The FRSS is a mobile 8-person surgical team, composed of 2 surgeons, an anesthesiologist, a critical care nurse, and 4 Corpsmen. The system can be transported in a CH-53 helicopter, set up within 1 hour and is equipped to perform up to 18 major surgical procedures over 48 hours without relief or resupply. It is co-located with a 25 member Shock Trauma Platoon that assists with triage and initial resuscitation. The FRSS treats only injuries that threaten life or limb; all others proceed through the usual MEDEVAC system (Chambers et al., 2005).

In a study of 90 trauma casualties (60 Iraqi, 30 USMC) treated in an FRSS, Chambers et al. (2005) reported KIA and DOW rates of 13.5% and 0.8 % respectively, far lower than experienced in any previous conflict. The authors noted that at least eight of the surviving patients would not have survived the longer transportation required to reach definitive care.

Another innovation has been the introduction of hemostatic dressings for battlefield use. Used to control external hemorrhage, these dressings are coated with procoagulants such as kaolinite, smectite, fibrinogen and thrombin to enhance coagulation, and have proved effective on the battlefield and in experimental animal studies. (Larson, Bowersox, Lim, & Hess, 1995; Kheirabadi, Scherer, Estep, Dubick, & Holcomb, 2009)

Trauma training underwent an overhaul beginning in 2002. Few Navy hospitals receive many trauma patients, and although all general surgeons in the Navy gain experience with trauma patients during residency training, the teams of nurses and Corpsmen supporting them do not. The challenge was to get trauma training for these surgical teams before deployment. The solution was the formation of a new trauma-training center linked with an academic center (Campbell, 2004).

The Navy Trauma Training Center (NTTC) is an 11-person active military unit that conducts a 21-day trauma management course for medical personnel of all levels of training about to deploy to combat zones. The staff includes a Director (typically a trauma surgeon), a second trauma/general surgeon, an orthopedist, an anesthesiologist, an ER physician, three nurse corps officers (OR, ER, ICU), an Independent Duty Corpsman, a OR tech, and two administrative personnel. The physicians are fully integrated faculty from respective departments of the University of Southern California's School of Medicine where they participate in clinical care and teaching of the university medical students, residents, and fellows. (Campbell, 2004)

Navy students include surgeons, anesthesiologists, primary care physicians, nurse anesthetists, physician's assistants, nurses, independent duty corpsmen, and field medical technicians. The course includes significant focus on patient care (roughly 80 percent of the course), as well as roughly 20 didactic lectures, four labs on a mannequin simulator, splinting and suture labs, and two cadaver lab experiences. The steady flow of trauma from Los Angeles provides opportunity to apply principles of damage control, though of course not nearly to the levels of severity seen in modern combat trauma. Major foci of the course include initial and advanced airway management, vascular access, resuscitation, and patient transport, including experience with L.A. County's ground and air ambulance systems. The Los Angeles County+University of Southern California Medical Center credentials all Navy rotators to allow them full access to patient care under the supervision of the staff.
(C. J. Kucik, personal communication, June 2011)

The innovations in battlefield medicine cited above, in addition to the use of advanced body armor, have greatly reduced the combat death rate. Consequently, they have also increased the number of Wounded Warriors returning to the US for care. Therefore, these innovations have drawn our attention to our successes in saving lives; now we need to focus with equal strength on providing more comprehensive care to help Wounded Warriors and their families to do more than just survive.

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Scholarly Reflection on Domain One: Health and Wellness

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Introduction

Warfare has always left deep scars, both physical and emotional, which are not limited to the injured patient but extend beyond to family, caregivers, friends and the society at large. The effects of modern warfare can be studied as an "injury cycle," which consists of multiple phases through which a Wounded Warrior passes on the way to recovery and rehabilitation. While these phases can be described based on the biology of the response to injury, they have effects on the "human face" of medical care. The clinical and research findings of the injury cycle on the patient, caregivers and the society were discussed during the April 28, 2011 Wounded Warrior Care Conference at the Smithsonian National Museum of Natural History in Washington, DC.

The Injury Cycle

The majority of modern combat wounds are caused by blasts and high-energy projectiles (Montgomery, Swiecki, and Shriver, 2005; Owens et al., 2008; Peoples, Jezior, and Shriver, 2004). These high-energy mechanisms inflict devastating trauma that violates soft tissue, bone, and neurovascular structures (Covey, 2002; DePalma, Burris, Champion, and Hodgson, 2005). In an era of advanced body armor, extremity injuries dominate the pattern of modern combat injuries (Owens, Kragh, Macaitis, Svoboda, and Wenke, 2007).

Modern combat wounds are heavily contaminated with devitalized tissue, debris and bacteria. Serial wound debridement procedures are performed to remove devitalized tissue and decrease bacterial load. High-pressure irrigation and negative pressure wound therapy have improved wound management (Bollero, Carnino, Risso, Gangemi, and Stella, 2007; Marsh, Abu-Sitta, and Patel, 1979). However, the physical trauma that produces these wounds reaches beyond the wound bed itself. Traumatic injury triggers a complex cascade of metabolic, endocrine, and immune responses that are regulated by cytokines and chemokines (Foex, 1999; Keel, and Trentz, 2005). From a molecular perspective, the interaction of cytokines and chemokines governs the clinical course (Hill, and Hill, 1998). Severe trauma can induce systemic inflammatory response syndrome (SIRS), in which the inflammatory process can become further dysregulated, resulting in remote organ failure (Beal and Cerra, 1994). Conversely, dysregulated post-injury inflammation may result in a maladaptive compensatory anti-inflammatory response syndrome (CARS) with increased risk of immune-associated infection.

The biological effects of trauma manifest themselves throughout the medical care of a Wounded Warrior that can be conceptualized as phases of a continuum. Prior to injury, a soldier is at homeostasis, defined as the ability to maintain a condition of stability within its internal environment when dealing with external changes (see http://www.biology-online.org/dictionary/Homeostasis). This condition extends itself not only to the physiologic status of the individual but can be thought to encompass the group or unit the soldier is operating with.

In modern warfare, the soldier faces many risks, exemplified by the extensive use of improvised explosive devices (IED's) by the enemy and dismounted operations by our soldiers. This unfortunate combination of events results in a complex injury pattern, with double amputations highlighting this cycle. The injuries sustained by Sgt Julian Torres, USMC, who spoke at the conference, are typical of this pattern. Immediately after injury, both self and "buddy aid" ensure that tourniquets are liberally applied and the soldier is moved from any areas of danger. A MEDEVAC is requested and the patient is then moved to a higher echelon of care. Upon arrival at this next level of care, resuscitation begins, during which large volumes of blood products are given and the patient is rapidly transferred to the Operating Room (OR) for initial "damage control" surgery. Following this "index operation', resuscitation is continued in the Intensive Care Unit (ICU), and the patient undergoes a continuum of surgical procedures in which wounds are debrided, and associated injuries addressed. This occurs in the process of moving the patient from one in-theater hospital to the next for transport to Landsthul Regional Medical Center (LRMC) in Germany and ultimate evacuation to the continental United States (CONUS). Frequently, this involves multiple procedures in the OR which may result in complications. Eventually, the soldier returns to homeostasis from a physiologic perspective after intensive rehabilitation by a multi-disciplinary team comprising physicians, therapists, his family and spiritual advisors.

Initial Injury

Upon sustaining a significant battlefield injury, shock ensues from blood loss coupled with tissue destruction and release of endogenous mediators of inflammation. These events set off a cascade of inflammatory response of immune, thrombotic, and fibrinolytic systems that mitigate the injury. These responses are enhanced by external measures such as tourniquet placement, use of topical hemostatics, airway control, and initial restoration of blood volume. The patient is then transported from the site of injury to higher levels of care. The effect on the patient's unit as well as the first responder medics or corpsmen is profound. These individuals have formed bonds, which are only found in warfare, and affect their near- and long- term actions.

Initial Resuscitation

Typically, the initial resuscitation of these patients takes place in an ER type setting, either in a forward or theater level hospital. The patient arrives via MEDEVAC and a team of physicians, nurses, and medics or corpsmen descend and begin treatment following well established systematic guidelines. These efforts focus on securing an airway, ventilation, and restoring circulation and simultaneously triaging to appropriate treatment. During these efforts the patient's response to injury continues unabated as the underlying injuries have yet to be addressed. During this period, the patient may undergo cardiac arrest from decreased circulating blood volume and necessitate internal or external cardiac compressions. After determining the extent of injuries and obtaining the necessary initial tests and radiographic studies, these patients are then rapidly moved to the OR for damage control surgery. Frequently, members of the patient's unit have arrived at the hospital by this time and the trauma team must also address their concerns. This can be an emotionally trying time for both caregivers and fellow warfighters.

Damage Control Surgery

Following the initial resuscitation, the majority of these patients require surgical intervention to control bleeding, prevent contamination, stabilize fractures, restore blood flow, and begin the process of tissue debridement. The process by which these complex injuries are approached surgically has evolved from initial attempts to definitively address the injuries to a concept borrowed from shipboard damage control, termed damage control surgery (Rotondo, et al., 1993). During damage control surgery, the focus in on dealing with the life threatening conditions and deferring definitive care until the patient is physiologically stable. This sets up a series or continuum of operative interventions during which injuries are addressed in a systematic manner until the injuries are completely addressed, a process which may take days to months. The effect on the individual patient is obvious; they undergo major life saving surgery with large amounts of blood loss and ongoing blood product replacement. Rather than leaving the OR with the problem addressed, they are sent to the ICU for ongoing critical care and with an accelerating systemic response to injury. The effect on the OR team is more subtle; performing damage control surgery utilizes major resources involving multiple surgeons, anesthesia providers, nurses and surgical technicians. There is no doubt that these individuals achieve great satisfaction from the technical components and success of the operative interventions, however, the long-term effect of treating such injuries on the medical personnel over many years is unknown, and long-term psychological effects should be investigated.

ICU Resuscitation and Transfer

Upon leaving the OR patients are bandaged and their wounds, such as an amputation, are hidden from view. In this phase of care, the focus in on restoring the physiologic state to as normal as possible so the patient is ready for further operative interventions and transfer back to the US. Hemodynamics, ventilation, coagulation status and ongoing resuscitation are all addressed along with a further survey of the extent of injuries, using such modalities as CT scans. During this phase, the patient manifests the response to injury and resuscitation with such objective signs as fever, tachycardia, and elevated laboratory values, all termed the systemic inflammatory response (SIRS). Some of these patients go on to develop organ failure from this unchecked response, which requires support such as renal dialysis, and many develop sepsis from infectious sources that require aggressive antibiotic coverage. It is during this period that the systemic response is at its greatest, and may be prolonged depending on the extent of the initial injury, interventions given, and the patient's response to the injury and interventions. Appropriate care during this stage is critical as it determines the patient's long-term outcome and successful integration into the society or further service in the military.

As with the other phases, there is an impact on the caregivers as well as the patient, and this impact can be quite different from that affecting the trauma or OR staff. These caregivers often spend much more time with their patients and learn the details of the patient's life story, which can lead to intimate bonds forming between the patients and ICU staff. Additionally, this is usually the time where initially the patient's unit members come into the picture, followed by the immediate family. The effect of seeing their loved ones in an ICU setting can be overwhelming and often at this time "reality sets in" as to the extent of injuries and the rehabilitation ahead.

Definitive Care and Complications

Definitive care frequently overlaps with ICU resuscitation, but it is during this period that the injuries are addressed with a focus on long-term outcomes. This phase can last from days to months depending on the scope of injuries and the patient's physiologic status. The systemic response to injury begins to subside, as part of the body's response to injury and treatment, and they move from an ICU to a ward setting. Plans are made for rehabilitation, which often begins in the inpatient hospital setting prior to the next phase of rehabilitation. However, it is also during this time that setbacks can occur in the form of complications that are common with severely injured patients. These can range from wound failure requiring the opening of closed wounds and trips back to the OR for removal of infected orthopedic hardware. This can be a trying time for all, and setting clear expectations is the key to mitigating the effects of such complications.

Rehabilitation and Homeostasis

In the final phase of the injury cycle, these patients enter physical and mental rehabilitation. For many soldiers, this can be a short period prior to re-integration and may be completed on the inpatient ward or at home. However, many of the more severely injured patients require dedicated rehabilitation in purpose built facilities. Oftentimes this is the most difficult phase of all as the full limitations of the patient's condition are realized, including coping with Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder

(PTSD). Conversely, many patients recognize these limitations and capitalize on them. From the biological perspective, this is the time when the body regains homeostasis, with the scars of injury left as a physical sign. While the biologic response to injury may have resolved, the emotional and broader effects on the individual, family, friends, unit, and society remain for the long term. As the keynote speaker at the Wounded Warrior Care Conference, Reverend Richard Curry, SJ, PhD, pointed out that these patients may be disabled but they are no longer sick, and while they may need ongoing care they can still serve society in a meaningful way. It is during this period that these patients and their larger social networks come to the realization that they are more than just their body parts. This "new normal" allows a patient to move from victim to survivor to victor. As Sgt Torres stated, "Not everyone gets a second chance, therefore live it up." How these patients re-integrate into society as a whole and the effects of their new homeostasis are discussed next.

Wounded Warriors: Toward an Inclusive Culture

An inclusive work culture for Wounded Warriors ensures that veterans are treated with dignity and respect while recognizing their individual differences. A positive attitude that focuses on the valuable contribution Wounded Warriors can make facilitates an inclusive culture rather than focus on their physical or mental limitations. The development of an inclusive work culture that embraces a diverse gender, ethnic and skills base work force has been equated with a company's enhanced performance and ability to compete and produce innovative products.

However, Wounded Warriors from previous wars have often been socially and economically excluded from our society generally and the workplace specifically (Carruthers and Harnett, 2008). Wounded Warriors from the wars in Iraq and Afghanistan are no exception. Many have endured multiple surgical and medical interventions, prolonged periods of rehabilitation, a predisposition to PTSD or TBI, and debilitating psychosocial issues (isolation from family and neighborhood). Psychosocial issues, if left untreated, can present significant obstacles to an integrated, quality civilian working life.

The Law

Conducting employment workshops, training programs, enforcement of Federal laws and visible pro-active liaison and supportive services contributes to the engagement of potential employers and maximization of employment opportunities. The main two laws that protect both Wounded Warriors and disabled persons are the *Americans with Disabilities Act* (ADA) and *The Uniformed Services Employment and Re-employment Rights Act* (USERRA).

Americans with Disabilities Act

The ADA, a law introduced in 1990 by the American Congress, is a wide-sweeping civil rights law prohibiting discrimination against disabled persons as relates to access to employment, transportation, public accommodation, communications and governmental activities. The ADA has commonality with the *Civil Rights Act* (1964) that prohibits discrimination on the basis of race, gender and religion.

A Disabled Person, as defined by the ADA, must meet the following criteria:

1. Has a physical or mental impairment that substantially limits one or more major life activities
2. Has a history of such impairment
3. Is perceived as, or is regarded as, having such an impairment, even when the impairment does not exist.

The Uniformed Services Employment and Re-Employment Rights Act

The USERRA (1994) is a Federal law pertaining to individuals who have served or are serving in the Armed Forces, Reserves, National Guard or other uniformed services. The legislation is designed to ensure that military personnel are not disadvantaged in their civilian careers once they return from duty, and are not discriminated against based on their past, present or future military service. It was designed to make the Federal government a 'model' employer.

Legislation and Community Involvement

The successful implementation of legislation is dependent upon the soldier's access to community involvement and the co-operation of all of its parts. The better connected a Wounded Warrior is in the community, the greater the potential for both securing employment and becoming integrated into the workplace. Social integration is strongly associated with engagement in community activities. Psychosocial support from family, friends and organized social networks has consistently been shown to be a key determining factor in gaining access to and sustaining inclusion in the workplace (Grieco, 1987; Mortensen, 1994).

The armed services are themselves communities defined by *persistency* and dependability. It can be a challenge for military personnel to balance the demands of the military, family life and wider social structures. The military is an important locus of social solidarity, mutual support and shared expertise. For Wounded Warriors this sense of belonging is the starting point for new, civilian social networks. These networks will generate a pathway to employment and ultimately an inclusive work culture, through their generation of good will, companionship, sympathy, social interaction and communication among family and friendship units (http://www.dmec.org/).

Wounded Warriors' Potentials in the Workplace

Military personnel are taught to lead by example, direction, delegation, motivation and inspiration and are well schooled in the theory of leadership. They are also experienced in skills to manage individual behaviors for positive results. Military training teaches them to work as a team by instilling a sense of responsibility to one's colleagues. The sheer size of the military necessitates an understanding of how groups and organizations relate to one another and support the long-term objective of the people of the United States. Military duties stress teamwork and the productivity of the group; they also produce high-performing individuals.

The military is also characterized by its racial, gender, religious and ethnic diversity. Many military personnel have been stationed or have operated in foreign countries, and therefore, have insight into the global economy.

The military helps its warriors heal from combat wounds both physical and psychological in a number of ways. Therapy, medications and physical massage are all part of the healing process with Warrior Transition Brigades (WTB). One prime example of re-integration into the civilian workplace is the WTB at Fort Hood, which has cultivated a particularly innovative series of internships for warriors with the Internal Revenue Service (IRS). While the IRS is usually equated with being stress inducing, for Wounded Warriors completing internships at the IRS it has been a means to reduce stress by finding an avenue to learn new skills, find a purpose in life and secure good employment. WTB has come to view the IRS as a confidence booster and stress reliever. IRS internships are part of the *Vocational Reintegration Program* that matches Wounded Warriors with Federal jobs to help them acquire skills and employment.

Sustaining an Inclusive Working Environment Experience

Wounded Warriors are no different from other potential employees in that they need to be able to compete and appeal on an ongoing basis. Achieving this requires a process of education and training. Organizations such as the Wounded Warrior Project and Wounded Warrior Care and Transition Policy (http://prhome.defense.gov/WWCTP/) are two of a number of initiatives designed to help Wounded Warriors compete for positions in the workplace. The TRACK initiative that comes under the umbrella of the *Wounded Warrior Project* is a college program, which adapts/teaches vocational skills compatible with civilian employment for able-bodied and Wounded Warriors. Other organizations such as Segway (http://www.segway.com/) provide mobility equipment that enables Wounded Warriors to be more physically mobile in their daily lives, such as being able to move around a college campus. These groups provide laptop computers and financial assistance, coaching in resume and interview skills to ensure post military success in the workplace, and a career service matching skills to civilian employment. *Operation Franchise* (http://operationfranchise.com/), with an emphasis on education, provides internships and matches skills with training positions.

The Role for Employers to Create an Inclusive Work Environment

Employers can play a powerful role dispelling myths and stigma surrounding PTSD, TBI and disabled warriors, as well as assisting in recovery and rehabilitation as follows:

1. **Inclusion of an on-the-job supportive infrastructure:** Alarm clocks, cognitive aids, adaptive technology, regular scheduled rest breaks and adjustments to the heat and lighting of their work environment can help facilitate an accepting, productive and inclusive work environment.

2. **People-First language:** This moves beyond labeling the individual as a diagnosis. The military has become adept at hosting workshops and training sessions to educate employers and co-workers as to the facts about PTSD and TBI.

3. **Physical Environment:** Built environment entrances, passageways, doors, rooms, bathrooms and kitchens, indeed all aspects of the built environment should meet current accessible standards. Accessibility needs to be a primary factor when deciding the location of meeting spaces and placement sites.

4. **Accommodation Requests:** Requests for specific accommodations in an inclusive work environment will include ensuring access to and physical and cognitive independence in an opportunistic and dignified fashion.

5. **Recruitment:** This involves refraining from illegal interview questions or the breaching of confidentiality. An inclusive work environment embraces all people regardless of their disability and recognizes their skills, strengths and abilities. It is respectful, supportive and most of all equalizing.

Wounded Warriors and disabled people as a group represent a market share in the community. To attract Wounded Warriors and disabled customers/clients, businesses would do well to have a visible presence in this group. Home Depot and Walmart stores have actively recruited disabled and more mature staff to their stores and have successfully attracted this market, enhanced their brand and improved their image as a company. Good customer service requires businesses to think creatively about the needs of their customers. Those with a direct experience of living with a disability or deployment to hostile environments provide an invaluable perspective. This concept has worked most effectively by employing these individuals as front line service staff, signaling to clients that disabled people are welcome and that their needs will be met.

Promoting Positive Community-Based Attitudes toward Wounded Warriors through Specific Outreach Activities

Societal attitudes towards Wounded Warriors have varied through the generations. The Vietnam War was politically controversial and morally questioned by large segments of the populace and this was reflected in society's attitude toward the Wounded Warriors. The public's attitude toward the wars in Iraq and Afghanistan has changed dramatically since the beginning of these conflicts. While the public was initially supportive, this support has oftentimes waned as the conflicts have continued. The attitude of the community toward Wounded Warriors has been shaped by notions of femininity, victory or defeat and whether or not they are perceived as an inconvenience and embarrassment, while warriors with physical and mental disabilities are seen by some as a threat to a stable society (Wain, Bradley, Nam,Waldrep and Cozza, 2005; McFall, Mackay, and Donovan, 1992).

Pressure from veterans groups has resulted in publications such as *Workplace Warrior: The Corporate Response to Deployment and Reintegration in the Workplace* (http://www.dmec.org/). The study reinforces best practices and disability management among employers regarding leave and benefits and, more importantly, promotes the establishment of workplace warrior mentoring programs to link returning warriors with veterans in the work force. It helps identify co-workers who exhibit hostility and Wounded Warriors who show increased irritability and poor time keeping, all of which might prevent reintegration into the workplace.

Mandatory compliance with USERRA necessitates the protection of jobs for employees returning to work after deployment. However, job security is only a component of the overall picture that also includes the continuation of compensatory supplements, leave, and access to healthcare as prerequisites.

Employer assistance should ideally involve collaboration across a number of different departments. *The Workplace Warrior Guide* recommends an effective employee assistance program (EAP) to address health issues such as PTSD, depression and other personal challenges which can result from lengthy assignments in dangerous war zones and disabling injuries. Interestingly, the guide also refers the manner in which lessons learned from returning Wounded Warriors can also be applied to civilian employees returning to work after lengthy illnesses or life-altering events.

There are fundamental benefits to the business community in both retaining and employing Wounded Warriors in the work force. Wounded Warriors bring back to the workplace enhanced skills in leadership developed during difficult combat situations. They can also contribute an intelligent perspective and finely tuned social networking skills. Mentoring and group forum programs can be implemented at very little cost by employers and the rewards in terms of staff retention and their subsequent skills is high. In particular, Wounded Warriors who have already made the transition can be called on to serve as valuable mentors. Acknowledging the skills and attributes of returning warriors helps non-veteran employees understand the needs of future warriors and how to manage them. A diverse staff enriches a work environment in terms of the knowledge, skills and life experiences. Studies have shown that diverse teams respond to work-based problems with solutions that are more durable and have a greater scope of perspectives and understanding, which better serve clients' short- and long-term needs.

Conclusion

One of the primary goals of the Wounded Warrior Care Conference was to define Wounded Warrior Care not just by its medical components, but as "total care." In this review, we have introduced the concept of the injury cycle as it relates not just to the biology of injury but the effects on the all medical personnel and caregivers involved in Wounded Warrior Care. We have additionally discussed the aspect of wellness as Wounded Warriors re-integrate into civilian life. This attempt to understand that "healthcare" goes far beyond the physical structure of the hospital is another way in which we can "retrieve the human face of medicine" and continue to accelerate both the care and quality of life for our wounded heroes and their integration into the society.

A country's domestic and global economic competitiveness depends on the inclusion of diverse perspectives, life experiences and skills of its workers. Initiatives that have been successful in integrating returned Wounded Warriors into the workplace include mentoring, counseling, monitoring the recruitment and retention of employees, the need for a work-life balance, and formal social networking. Formal social networking that focuses on career development, mentoring, webcasts, network meetings, community involvement, and the development of leadership skills increases opportunities for all, not just Wounded Warriors. Coupled with outstanding medical care during the "injury cycle" these tools are

allowing for Wounded Warrior to reach their full potential as integral members of the larger society as a whole. Furthermore, the effects Wounded Warriors have on all they interact with has the potential to advance our country as a whole, much like the "greatest generation" that followed the Second World War.

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Scholarly Reflection on Domain Two: Personal Formation and Spirituality

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Introduction: Learning Presence in Wounded Warrior Care

In the last years, our world has become increasingly aware of the ever-expanding needs of those returning from the battlefield. With the advancement of technologies in the last half-century or more, the number of those surviving war has increased. Yet equally so, governments and peoples are far more aware that those who are returning from war have suffered and are sustaining injuries unlike any seen before in history.

This phenomenon is coupled with and exponentially impacted by the evolving understanding of what is meant by medical care or healthcare per se. In fact, what is curious is that there seems in contemporary society to be a re-assimilation of some of the approaches to healthcare that were part of earlier social or cultural patterns. Since the Industrial Revolution in the late 19th century, and with the advent of pharmacological and technological discoveries, the swift development of medicine and healthcare for the benefit of human quality of life has been nothing short of profound. Yet, as with all things, those advancements might be perceived to have an accompanying downside. It is apparent to even the most casual observer that the search for technological and other advancements can distance healthcare and medicine from the human and humane characteristics of compassion. With that in mind, it is no wonder that advancements in bioscience have been accompanied by an equally strong development of hospice care and palliative care, made ever more urgent by many humanistic and religious initiatives in various parts of the world. These religious initiatives include the inroads of healthcare in the late 19th century by the Sisters of

Mercy in the United States and the invention of palliative care and hospice care in the early 20th century by Dame Cecily Saunders in the United Kingdom.

Given the current realities of Wounded Warrior Care, what trends seem to be emerging?

Today, the needs of our Wounded Warriors and their loved ones remind us in the most dramatic fashion that healthcare itself is not just the application of a technological product or the intake of certain forms of medication. The harsh realities of the invisible wounds of Post Traumatic Stress Disorder (PTSD) or the resulting cognitive and emotional results from serious or mild Traumatic Brain Injury (mTBI) are just two instances of the systems realities that are suffered by those who have sacrificed life and limb to protect others. In fact, healthcare is a far more demanding reality than the application of a technology or the intake of a pharmacological product. Healthcare itself is a human experience that requires a keen analysis and careful assessment of the health needs of the whole human person. Such systems assessments must also take into account the impact that such needs have upon the relationships the individual has with loved ones, fellow heroes, community, and even with the individual's particular society and culture. Therefore, we might conjecture that the urgent needs of our Wounded Warriors are an invitation for us to increase our vision of what we mean by healthcare itself and how an increased awareness is a call for personal and professional deepening for us all.

One such area of expanding health-vision is that of personal development and spirituality. It is to this area that the current essay is dedicated. In this essay, what is offered is an invitation to reconsider, in words attributed to a former State Commissioner of Health, the human face of medicine and healthcare. Yet to do so means that we must also be open to re-understanding what is meant by the human person, and what we mean by human presence.

For all of the advancements and successes our modern world has known, we still remain flesh and blood. We are vulnerable beings, finite in nature. Despite all the promises of commercialization, we cannot live forever nor do we retain the youthful look that some would have us believe is the only norm for what is meant by Beauty. When we consider the needs of our Wounded Warriors and their loved ones, we must critique our subconscious acceptance of commercialized youth and beauty. We are reminded deeply of ancient stories and educational tales of how Beauty and Good themselves are so often revealed in persons whom some revile. And in such stories, we find a Truth calling us to a deeper sense of who we are as human beings, and how we are meant "to be present" to one another in depth and in perpetuity of purpose and affection. When we are in the presence of our Wounded Warriors with all of their needs and ills, how present are we to them? How deep is our care and our commitment? How might we want to shrink from them for reminding us of what we all must become? Do we realize we are being called, as in the words of C.S. Lewis, to a deeper magic that sees a deeper beauty that no wound can ever scar?

This is the portal offered at the beginning of this essay. This is the entryway to consider carefully what we mean by personal formation and spirituality—not only for our Wounded Warriors—but also for ourselves.

Understanding Formation: The Role of Personal Development

Central to the healing process is the process of personal development as a human being. Even from the professional and educational standpoints or perspectives, individual development is a critical and non-negotiable factor for one's growing stance in society or culture. Academically, it has been a central thesis of western philosophy that the development of one's giftedness is predicated upon one's inherent nature. The development of one's nature and one's personhood are non-negotiable factors in life. This development of nature and personhood is constructed from a person's experiences. Meaning is constructed from experience. Therefore, the experience of healing itself must take into account the personal development of the individual as a whole, living and evolving being.

At the bedrock of the history of western civilization is a system of professional preparation that places personal development at the core of learning through personal mentoring and experiential reflection. This system takes initial experience and knowledge and then builds upon it through mentoring and coaching and continued lifelong reflection and growth. The trade and merchant guilds of the Middle Ages used mentoring, watchful apprenticeship, then professional reflection of the new artisan to perfect their craft. New monks and nuns underwent formation through mentoring by their older peers, a period of trial and error, then a learned system of self-reflection to grow and renew continually in monastic living. This monastic system gave birth to the great universities of Europe and our basic structure of higher learning to this day. The very formation of members of the armed services follows a similar path from civilian to professional warrior.

Capitalizing upon this rich history, this perspective of personal formation and development has been central to the vibrant scholarship in which the Carnegie Foundation for the Advancement of Teaching has been engaged over many years now. The Foundation's Preparation for the Professions Program has advanced a number of highly regarded rigorous research studies of the various professions of today's society, such as physicians, nurses, and lawyers. In all of the studies to date, there have emerged three major signature pedagogies inherent in the initial and continuing education for each of the members of these professions. These pedagogies include a commitment to the ongoing acquisition of knowledge, the ongoing improvement of professional skills and gifts, and the ongoing personal commitment to one's ethical formation. It should be noted that the term "ethical" in these contexts is from the original Greek *ethos*, meaning the fundamental character of a person or institution.

Ethical formation is one way of understanding personal development. If one accepts that ethics is fundamentally about character, then personal development is about the ongoing development and evolution of one's identity as a person. Hence, to understand what is meant by personal formation and its relationship to Wounded Warrior Care, it is essential that we reflect upon at least some of the characteristics of what it means to be a human person.

From one perspective, we can appreciate that each human being is relational in nature. From the moment of conception, we are never *not* in a relationship. We emerge from the symbiosis of the womb and continue to be connected in ever increasing circles of relationship that become more highly complex over the course of our lives. In the first

instance, we are immersed in the context of family relationships. We belong to nuclear and/or extended families of some type. Even for those who suffer the experience of being orphaned, there is a social and cultural sensitivity to try and recreate the experience of the family in which the young are protected and nurtured in the hope of one day emerging as adult members of society. Family, however defined, is one of the most important sets of relationships for the human animal.

Friendship is an extension of the family relationship and continues over time. Friendship is a choice, and extends the sense of human affection and bonding. From out of chosen relationships, the choice of life partner as spouse also emerges and thus provides for the continuation of the family relationships discussed above.

Outside of personal relationships, the human animal is also a member of a local community, a society and a culture. One is a member of a profession and also makes choices for other types of affiliations and belongings over time. Some of these are personal in nature. Others are professional. Others are simply casual or meet utilitarian need. In short, the human animal in some respects is the sum total of all types of relationships that vary in quality, importance, and depth.

But there is another and even more fundamental relationship we all have.

The relationship to one's self.

From the moment of birth, the human animal seems to set out on a journey seeking to answer the question: "Who am I?" With that question, there is the inherent desire to null the feeling of emptiness that so often is part and parcel of our lives from the moment the umbilical cord is cut. We lead our lives in search of that other person or other reality that alone can fill up the emptiness within. Herein, then, begins that search for self that leads us to the ways in which we construct reality.

Our personal development is driven by the desire ever to improve, ever to expand, ever to grow; and this takes place within the inherent process of the multitude of relationships in which we engage. We are both relational and processive by our very nature. Therefore, we are ever in the mode of constant change and, hopefully, constant deepening as human persons. It is within the powerful contexts of process and relationship that we also must negotiate and bring to integration the challenges of life, including sickness, injury, finitude, and death.

Our Wounded Warriors are clearly human. They have sustained injuries both visible and invisible. These injuries alter, often significantly, the relationships in which they are engaged. They also impact significantly the processes of human growth and identity that remain as much a part of the Warrior's life as do one's wounds. The wounds of war affect the never-ending drive to fill up one's emptiness. Sometimes these wounds increase that sense of emptiness. This is understandable. The warrior has to confront anger, denial, depression. Acceptance of one's condition and the ability to use a new human condition as a prelude to alternate life pathways and postures can be a long process. It demands a different kind

of healing. Such acceptance, and the requirement to cope with pre-acceptance processes and thinking, cannot be assuaged simply by a convenient pill or the utility of a new device. Hence, new forms of human healing must be integrated with and necessarily accompany the profound medical therapies and technologies that assist the Warrior's ability to live with and rise above one's woundedness. Such forms of healing include the committed presence of those who can assist the hero to negotiate and integrate one's new condition in the hope of new purpose and new opportunity despite or even with one's wounds and challenges.

All of this has a profound effect upon the rest of us as well. Each time we see a fellow human being engaged in the struggle with wounds and adversities, there is a sense of personal pride and presence. It is as if we enter into the journey with them. Clearly this happens for any of us who know personally one of our Wounded Warriors or their families. In the example of the personal development processes of our Wounded Warriors, contemporary society is challenged to stretch wider the portrait of what we mean by human development, by growth, by maturity, and by healthcare. In a certain respect, the questions and hurdles our Wounded Warriors face each day are as uncomfortable for the rest of us as they are for them. And well they should be. For inherently, these challenges ask us to put aside what we have known and embrace all that might be. And this becomes, as in the words of Robert Frost, a road less traveled—but one that makes all the difference indeed!

Understanding Spirituality: In Quest of Human Meaning

The quest of human development and personal formation ultimately leads to the discovery of one's spirituality. However, to proceed to a mature consideration of the quest that is spirituality, there is a need first to confront a specific and enduring cultural problem. In contemporary culture, there seems to be an immediate, understandable, but untenable equation between spirituality and religious affiliation or religious belief systems. In point of fact, spirituality is not coterminous with the particular religious affiliation that an individual or individuals may hold.

If one were to examine some of the classics of western theology and religious history, one would be struck by how great minds and writers did not automatically equate their spiritual journey with their religious affiliation or even their *bona fide* religious leadership. In the classical works of Augustine of Hippo, Teresa of Avila, or John of the Cross, the reader is immediately struck by the internal journey of the individual to find meaning in life—without necessarily referencing membership in a church or congregation. Such journeys are not contradictory to one's belief system; but the journeys themselves are about something far deeper. This is where spirituality differs from religiosity. While religious systems deal often with codes of belief, spirituality is about the search of the individual to find the meaning of life itself, and to find the ways in which one finds meaning for one's own particular life in the scheme of things. Such a search cannot be captured simply in a code of cultural systems of thought that represent a particular Tradition of Faith. Indeed, one's spiritual pathway is very much affected by one's Tradition, but the Tradition itself is not the sum total of one's spirituality. It could not possibly be. In fact, within the Judeo-Christian Tradition, to equate one's Faith Tradition with one's individual spiritual journey is itself highly problematic and even antithetical to the nature of the Tradition of Faith and its purpose.

Therefore, we must posit that spirituality is far deeper and even more fundamental than one's Faith Tradition. The search for spirituality is the search for one's ultimate meaning in life. It is the search to understand what one means to one's self, to others, to society, and even to that reality that one might call "The Utterly Other"—the source of meaning itself. For some, that would be that One that individuals sometimes call God or The Divine. One way of capturing the pure poetry of this was articulated in the now classic film, *Indiana Jones and The Last Crusade*. When Professor Jones mentions to his colleague, Professor Brody, the existence of The Grail, Brody makes the comment: "The search for the Grail is the search for the divine in each of us." In many ways, that cinematic comment captures well what spirituality is: the search for "the more" in each of us. And it is to this search that each human being is inevitably and irrevocably called, even when we least realize it—and even when we resist.

For our Wounded Warriors, the process of personal formation ultimately leads to the quest to find one's identity, one's meaning, one's purpose in the scheme of things. It ultimately is an inner passion, a "suffering with the self," to discover who we are, given the circumstances of our lives. Obviously, for our heroes, their lives have been altered significantly and in ways deep and abiding. For many, they stand at a crossroads from what has been to discover what might be, now and into the future. The questions that are posed to them now are not poetic in the usual sense of that term. They are not polite, or easy or romantic. They are often searing experiences that call into question the very assumptions of self upon which each of these heroes has built her or his life. How do we understand this moment for them?

In his classic work on scientific revolutions, Thomas Kuhn gave to us the term "paradigm shift." In citing the historical circumstances of Galileo's genius and travails, Kuhn reminds his readers that often discovery, without any intention, changes the way that the world sees itself. It changes the very structures upon which societies and cultures predicate their belief systems, their structures, their ways of interacting, their purpose. Such happened with Galileo. His advancement of the Copernican theory of the solar system did not just change scientific theory. His work challenged the entire world order upon which state and church had fashioned their roles, responsibilities, and authorities. When such change happens, the reaction is often to squelch the fire of discovery, to shut it away. Just such a thing happened. Galileo lived out his days under house arrest. Yet his discoveries changed the universe.

In a certain respect, when our Wounded Warriors awaken to the reality of life as a bilateral amputee, or one who must cope with the stresses of PTSD or mTBI, or the sadness of lost relationships or marriages, or the knowledge that one's beloved friend has died in combat—all of these events make for cataclysmic paradigm shifts. Such shifts are never easy. Change never is. And such change inevitably must alter one's sense of order, one's ways of interacting, one's understanding of self and one's place in the scheme of things. The experience of Wounded Warriors inevitably constitutes a critically important event and requires careful attenuation of the challenge this experience poses to the individual's spiritual journey and the journeys of all those who are part of her or his life.

For the rest of us, this is an extremely illuminative moment on two fronts. First, as we journey with our Wounded Warriors for the decades to come, their personal courage on

their spiritual journeys is a living reminder to the rest of society that change is a constant: a living reminder that our quest for meaning, our spirituality, is never a "once for all" experience. In and of itself, this is a major challenge in a society where we are too often culturally formed to think that things always remain the same. Second, the opportunity to offer care to our Wounded Warriors gives us a moment of selfless orientation toward the other, a chance to walk in another's shoes, a chance to confront the need for healing in our own wounded lives. Spirituality is that incredible human quest for meaning that never ends and never finds an answer that is ultimate, absolute or final. Hence, the spirituality of Wounded Warrior Care must be carefully assessed for what it means for our heroes themselves—but also for us and for the cultures and societies in which we all live and grow and find meaning.

Personal Formation and Spirituality in the Wounded Warrior Experience: Toward a Holistic Understanding of Care

Over the last half-century or more, healthcare in various international societies has made extraordinarily positive use of the finest industrial and business practices to ensure that the needs of the sick are met efficiently and accurately. In an era of economic uncertainty, there is a need to ensure that the investment of the public trust is guaranteed and upheld. This ensures that those with the greatest needs have those needs met with urgent and important care. However, the need for best practices in medicine and healthcare must always be proportionately in balance with the reality that healthcare and medicine are not, in and of themselves, businesses. At their fundamental root, they are human services of care.

It is completely understandable that in urgent times society must look to efficiencies. That is a normal, logical and balanced way to develop the healthcare system. Yet the deeper nature of healthcare and medicine calls for an ongoing, continual balance with the systemic, holistic, and patient-centeredness that is at the very heart of these services. The needs of our Wounded Warriors make this case eminently well. In fact, the reality of Wounded Warrior Care calls for a critical re-imagination, reform, and revision of the very nature of healthcare itself.

It is good to recall that, after the fall of the Roman Empire, the practice of the healing arts was often provided in Western Europe by members of religious houses of monks, nuns, friars, and other vowed persons. One can imagine a sick person being brought to the door of the monastery or convent. Upon knocking, the porter would open the door, welcome the patient, and bring him in to the monastery infirmary. There the individual would be given care under the mark of monastic life, namely hospitality. "Hospital-i-ty"—an interesting linguistic coincidence. In a similar image, the patient was welcomed and covered with the care of the monastic spiritual commitment to tend the poor and sick. Covered. In Latin, *palliare*. Palliation. Another fascinating linguistic image. The ministry of healthcare in the medieval experience was the experience of palliation.

From these poetically powerful images, one can begin to re-imagine the nature of all forms of healthcare as acts of "Palliation." Palliative care is not just something for the chronically ill, the dying and the dispossessed. Rather Palliation is the act of "covering with care" the whole person with all of their needs: medicinal, nutritional, affective, spiritual. And

it is this powerful image that seems to embody the concept of Wounded Warrior Care and how it challenges the meaning of healthcare and medicine in the world today.

Our Wounded Warriors are by their very nature like all other humans, namely systemic creatures. They exist always in relation to others and to themselves. Their needs are systems experiences as well. They need complete and holistic care. Their wounds and injuries affect their total selves. Their healing therefore requires the interdisciplinary integration of all the arts and sciences associated with human healing: medicine, pharmacology, communications, language, psychology, socio-cultural factors. Their healing must bring together the power of contemporary medical discoveries coupled successfully with all the facets and professions of human inquiry and human knowledge that can impact the ways in which their wounds affect their lives. There is then a critical need for healthcare inquiry to reflect critically and carefully upon the holistic needs of our Wounded Warriors for the long term.

Yet even more expansively, the holistic experience of Wounded Warrior Care gives our societies and cultures rich moments to reflect upon the nature of healthcare itself as a holistic, integrated, and interdisciplinary act that brings together physicians, nurses, social workers, psychologists, family therapists, chaplains, advocates, lawyers, and business planners. In a certain respect, what is then occurring in our midst is the potential for a rich re-imagining of all that we mean by the human experience of healing and the institutions that provide for the same in the act of healthcare. This is a very potent perspective. For in a greater appreciation of the personal formation and spirituality needs of our Wounded Warriors, they give to our wider society new horizons for the formative nature and spirituality of healthcare itself.

Conclusion: Wounded Warrior Spirituality and Its Gift for Contemporary Society

From what has been shared, it is obvious that Wounded Warrior Care critiques in a powerful way any temptation toward believing that their care is a narrow, overly medicalized, mechanical assessment and therapy. The cure of our Wounded Warriors necessarily must involve their total, systemic, and humane care. This care is as much necessary for their loved ones and communities as it is for themselves. Yet there is something deeper here.

When one enters into the presence of one of our heroes, meets their families and then is moved to some act of charity, there is an unarticulated and even far more dangerous invitation being made. For in the act of caring for them, the question arises as to what effect such care will make upon the one giving care. Sound physics theory reminds us that to each action there must be an equal and opposite reaction. In some cases, hopefully not among those committed to the principles articulated in these Proceedings, the temptation will not be to give and then retreat backwards in fear. Rather, the most mature and fruitful reaction is for the one caring to be changed at the deepest roots of one's self.

For in assisting the personal formation and spiritual development of our Wounded Warriors, they themselves challenge us to become ever more committed to the same within ourselves. They are faced now with urgent and searing questions about their lives, about

what they can do productively, about who they can love and be loved by unreservedly, about whether they themselves are at all loveable, about who they are and their meaning in the grand scheme of life. But how will their questions touch us in return to do the same? When we enter into the space of meeting one of our heroes, do we realize that we are looking in a mirror?

And what do we really see? Do we see only them?

Or can we discern ourselves and all that we are called to be?

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Scholarly Reflection on Domain Three: Family, Community Relationships, and Social Responsibility

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Author Note

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Introduction

Think of a warrior out on patrol: he suddenly sees a flash of light and watches with surreal horror as he observes his own body hurling through the air. He hears a sickening thud as he hits the ground. He is not certain if he is dead or alive until he hears reassuring voices and feels comforting hands upon him. In that instant, in that flash of light, that warrior's life, as he once knew it, has changed forever. It also will change for those most closely associated with his recovery.

The Wider Expanse

The warrior stands at the center of a complex social organization that holds different levels of meaning in his or her life. Just as blast waves reverberate outward causing less damage with each ripple away from blast point, so it is with these warriors and their interpersonal relationships. Those who stand in the inner circle with the warrior, his or her spouse and children, are most affected by the injury. The damage spirals outward from the self in concentric circles, through parents, siblings, work/professional colleagues, and community organizations. Each construct around the warrior is affected to a greater or lesser degree by the struggle to reintegrate back into family and to a community that has grown and changed in their absence.

The signature wounds of the Iraq and Afghan wars are amputation and traumatic brain injury. Those who lose limbs as the result of blast frequently suffer from brain injuries and post traumatic stress disorder, factors that can be even more debilitating than having an arm or leg amputated. The mental aspect of recovery often becomes the biggest challenge injured service members face. According to the Departments of Defense and Veterans Affairs, their Post Deployment Health Assessment administered to service members from 90 to 120 days after returning from deployment found that 38 percent of soldiers, 31 percent of Marines and 49 percent of National Guard members reported psychological symptoms (Meyer, Marion, Coronel, and Jaffee, 2010). It is not uncommon for warriors to come home and feel fine for the first couple of weeks then slowly begin experiencing increasing somatic problems, nightmares, intrusive memories, and a general sense of uneasiness. While in theater, warriors are in a constant state of alert; when home their nervous system tries to gear down from that high state of hypervigilance. It is at this time that symptoms may surface.

The Armed Forces have developed protocols to treat service members, return them to active duty as soon as possible and minimize long-term psychological disability. The primary goal is to depathologize the stress responses by framing them as normal responses by normal people to abnormal events (Miller, 2010). These modalities fall under Resiliency or Battle Mind Trainings and their results have proven very successful when blending Cognitive Behavioral techniques, with brain-body integration, biofeedback, and a series of balance, auditory and vision exercises of varied complexity, most deeply rooted in rhythm. These exercises require full-body coordination and focused attention that works to increase the participants' focus, attention span and balance. Each session ends with a 40-minute Eye Rest guided meditation while participants recline in zero gravity chairs.

When taking a quick experiential run through the training, it is hard not to become a believer when a very professional Master Sergeant stands before you and tells this story:

> When I came back from my fourth deployment to Iraq I was really messed up. I lost my marriage. I had more baggage than the local airport. I cried and screamed in the night and became combative. I was not safe to be around. I slept on the sofa facing the door with my hand on my gun. Any movement, any sound immediately awakened me. I was taking four different anti-anxiety medications and still drinking a fifth of whiskey a day to calm down. I was spiraling downward when I was put in this program. Now, I am in my fifth straight month of exercises and am off all meds, and no longer drink alcohol to calm down.

Such stories are not uncommon. Utilizing successful patients is a very powerful tool for authenticating the trainings.

Demographics of Wounded Warriors show that the highest number of injured fall within the 18 to 26 year-old age group. Most limb loss occurs to those under the age of 35 (Pasquina, 2010). The road home for warriors is compounded by the fact that these young adults are grappling with normal issues of development, intimacy, responsibility, and productivity. Many have new marriages and have started a family. Some go home to their family of origin, but sadly many are estranged from parents and siblings. Those who do go home find the social structures and support networks they had as adolescents have moved on

in their absence: siblings grow up, friends move on, and employers hire new workers. Having been exposed to war, injuries and the death of battle buddies, warriors have changed in ways that make them feel they no longer have much in common with those who stayed behind. Not only do they feel separated from old support systems, they are at the same time coming to terms with their physical limitations and/or psychological distress.

For many there is a pattern to the recovery process. At first they are just surviving the surgeries and the pain. Once these have been alleviated they enter an emotional stage of assessing what they have lost and what that loss means to them. They speculate on what they will still be able to do and what they may never be able to do again. And they ponder practical questions about their military careers and their ability to support their families.

Spouses are often unprepared for the amputee, brain injured, or psychologically distressed partner who comes home to them from the battlefield. While their loved one is in the hospital they catch only a glimpse of the magnitude of their problems. Without having the daily care and responsibility of the patient they are able to maintain a certain protective distance. Although some spouses glorify the opportunity of caring for the person they love, having one home for 24/7 care is quite another story. Some warriors are withdrawn, non- communicative, on edge and easily angered and impatient. Their care needs can be profound. Loss of legs means that the warrior cannot be mobile without a wheelchair close to the bedside or until his prosthetic legs have been affixed to his body. It requires much love, maturity, and stamina to keep up the pace of care, which can include, often in the face of little encouragement: doctor appointments, regular household duties, and childcare. Also, the warrior initially is in pain, fighting the demons of war, and consumed with guilt, shame and grief for lost buddies. The following is a composite of stories professionals often hear from spouses:

> My husband came home from Iraq wounded and it did not take me long to realize that he had changed. He needed my help, so I jumped into the caretaking role and our marriage evolved around caretaker/patient with a constant round of doctor's appointments, physical therapy, behavioral health appointments and trips to Walter Reed Medical Center for evaluations on progress. In all of this I seem to have lost my identity for anything but the caretaking role. After four years I got tired. Then I got mad. I started asking: Where is my husband? Where is my best friend? Where is my lover? Then I was struck with the realization that things may never go back to the way they were, that this may be my new normal! I bounced this around in my head and realized that in all this time it never occurred to me that I was stuck with this new normal for the rest of my life. And I am horrified to admit, that this is not O.K. with me. The loss of my best friend is the thing that hurts the most. We had the ability to talk about everything. It was not just my being counsel to him, but his being counsel to me too. I need that and it isn't there anymore. I have read and reread what the Bible says about marriage and I feel defeated. I am not sure where to go from here. I am not sure how to make it right for me. Maybe I am just not sure how to be me in this new normality.

As researchers we know that trauma affects individuals differently and that each person has developed a way of filtering the information psychologically (cognitively), relationally, spiritually and societally. These mechanisms have been forged over time through previous experiences.

In a recent study regarding cortisol levels in individuals preparing for war it was found that individuals who had higher levels of cortisol responded better when faced with a high degree of stress in theater than those who had lower levels. While this is a rather simple conclusion, what does this mean in terms of resiliency? It does not explain how the warrior will define this "moment-in-time" for the rest of his or her life—or what meaning will be ascribed to this one chapter that has brought such dramatic life changes. These are questions that are not simple; the answers will take time to evolve.

No One Is an Island

Dr. Michael Yapko's new book, *Depression is Contagious*, reminds us that at the core of each human being is the inescapable reality that we are relational beings and do best when we are "in-relation-to-someone-else." The research on depression clearly shows that depressed individuals are more often removed from close, meaningful, and purposeful relationships. In the context of our warriors moving their lives forward, it suggests that isolation is dangerous. For it is there, in the solitude of one's mind, that internal messages cannot be challenged. Over-thinking or ruminating can be problematic, particularly the messages that create helplessness and hopelessness. When the warrior's limbs are no longer a part of the self, how does one self-define? Am I the same? Am I altered beyond the physical? These are phenomenological questions that must be answered by each person, as the most important variable of healing is "how the warrior sees oneself in context to the future."

The biology of depression is an extraordinary arena of research. The field of affective neuroscience is striving to understand brain mechanisms, underlying moods and mood-related disorders like depression. Geneticists are investigating the role of genetics in vulnerability to depression; and psycho-pharmacologists are striving to understand the role of neurochemistry in mood states. This assists in achieving a better understanding of how drugs might be employed for optimal success in treatment when in conjunction with therapeutic interventions.

What we know definitely is that mood and outlook are powerfully influenced by one's relationship with others. The quality and quantity of those relationships are highly correlated with one's perceptions regarding positive outcomes in the future. Does this mean, then, that our warriors derive answers about self-image and self worth out of the power and closeness of their relationships?

As we examine the intricate makeup of the warrior from inner core and then follow the reverberating outward affects of the trauma absorbed, several variables begin to emerge.

First, American society prizes the concept of rugged individualism, and we have traditionally valued autonomy, independence, and uniqueness. Our culture assumes that individuals are the basic building blocks of our society. Sayings such as "Be your own person," "Stand on your own two feet" and "Don't depend on anyone but yourself" reflect this value.

Second, the "universal level" of this reverberation outward is consistent with the tradition and history of the social sciences that have historically sought universal facts, principles, and laws explaining human behavior. Although an important quest, the nature of scientific inquiry has often meant studying phenomena independently of the context

in which human behavior originates. Thus, therapeutic interventions from which research findings are derived may lack external validity (Sue, 1999). When we look at the warrior and the experiences endured, it would be absurd to think that the warrior could effectively move forward without the support and care of others.

Third, we have historically neglected the study of identity at the group level for sociopolitical and normative reasons, as issues of race, gender, sexual orientation, and "disability" seem to touch hot buttons because they bring to light issues of oppression and the unpleasantness of personal biases (Sue, 2001). Perhaps the realization of the extent of the disabilities of these warriors is uncomfortable. Therefore, the focus of attention becomes diverted.

If we hope to understand the human condition we cannot neglect any level of identity. Explanations that acknowledge the importance of group influences such as gender, race, culture, sexual orientation, socioeconomic class, and religious affiliation lead to a more accurate understanding of human behavior (Devore and Schlesinger, 1999). Failure to acknowledge these influences may skew research findings and lead to biased conclusions about human behavior that are culture-bound. Thus, it is possible to conclude that all people possess individual, group, and universal levels of identity. A holistic approach to understanding personal identity demands that we recognize all three levels: individual (uniqueness), group (shared cultural values and beliefs), and universal (common features of being human). Societal biases can either identify with the human condition or ignore it. The price is too high to ignore. How our warriors identify themselves can be intricately woven into our country's acceptance or lack thereof.

Concentric Circles

While concentric circles might unintentionally suggest a clear boundary between levels of relationship and identity, each level must be viewed as permeable and ever changing in salience. A person might view his/her uniqueness as important at one-point and stress commonalities of the human condition at another. Even within the group level of identity, multiple forces may be operative. As mentioned earlier, the group level of identity reveals many reference groups, both fixed and non-fixed, that might impact lives.

The warrior at the center of his or her life must examine individual "attitudes," "beliefs," "emotions," and "behaviors." It is at the center of the world where she or he exists that biases and misinformation lie. This perhaps is where one can find experiences not shared.

Out of the warrior's core understanding of self is developed his or her professional sense of self that may be culturally bound. Also it is from this level that a code of conduct, belief system and self worth emerge. This is where socioeconomic position and disabilities/abilities become a reality; it is where religious preferences, cultural experiences and awareness of group similarities/differences take shape. The next dimension that is part of the warrior moving outward from his or her core is the societal aspect of experience. This involves the universality of shared life experiences, both biological and physical. The warrior must integrate each of these dimensions in a psychologically healthy way to make sense of what has happened to his or her life. Rarely is the war left on the battlefield. It comes home with the

warrior in different ways and poses many difficulties in his or her moving forward without first experiencing the serious business of working through the internal imprinting of the war these brave souls are trying to leave behind.

How does the warrior decide to define this "moment-in-time" to the rest of his or her life? What meaning will be ascribed to this one dramatic chapter of life-change? These questions are not easy. They rarely are!

Just as a kaleidoscope ever changes, the warrior with his or her thoughts, feelings and perceptions might change every hour of the day, along the path of healing and recovery. This path is comprehensive, including the physical, the emotional, the spiritual, and perhaps most necessarily, the relational.

When observing family members of the warrior, it becomes apparent that the reverberating effect of the trauma has an equally profound effect on the warrior's spouse, children, and extended family members. Just as there is a ripple effect from the core of the explosion, there is a rippling that takes place in the warrior's family on return from theater. In the stage production, *Theater of War*, the riveting outcome of the warrior's experience is portrayed poignantly by demonstrating the collective anxiety and turmoil of the wife, the children, fellow warriors, and society itself.

When warriors tell their story, we are all compelled to "do something." Perhaps it is the biologically based, deeply encoded part of our collective human spirit. When we see, hear and experience the human suffering of our fellow beings, it may remind us of our own vulnerability.

Social Responsibility

There is concern, and with good reason, that ongoing care for our seriously injured warriors will devour society's resources. And yet it is unconscionable to consider not treating these courageous individuals who voluntarily became the human resource of our military forces to fight and defend our safety and our freedoms. We must develop a new way of thinking about these warriors who have sustained not only visible but also invisible wounds that will require a continuum of care that could involve hospitalization, rehabilitation and community reintegration. They deserve to be rehabilitated to fully functioning members of their respective communities. This involves seeing them "holistically" and treating them in that manner.

This may require developing Wounded Warrior Centers that can be a "One Stop Shop" of information and referral. These centers would have "in-house individuals" with the expertise to educate injured warriors about their benefits, legal matters, and would maintain a historical tracking system of care and resources that have already been awarded to a particular individual. Through these centralized systems of evidence-based information, resources could be retrieved to promote the most cost-effective forms of care and services.

Conclusion

We have discussed the Wounded Warrior and his or her relationships with family and society. This is just the beginning of Wounded Warrior research. There are still many avenues of research left to explore. As the Wounded Warrior navigates his or her way toward new relationships with family, friends and society, we will have the privilege of continuing to care for the warrior's physical and psychological needs. Our society is only as strong as the sum of its parts, and our task will not end until every warrior has had an opportunity to begin the process of healing. Restoration is never an easy task, whether it is to a building that provides respite in a time of war, a community after a disaster, a family enduring a loss, or an individual trying to find the way home. In every situation restoration is necessary. Perhaps a final word from American history can move us to deepen and expand our care for those who have served us at great cost to themselves. As President Lincoln stated, in his inaugural address on March 4, 1865:

> With malice toward none; with charity for all; with firmness in the right, as God gives us to see the right, let us strive on to finish the work we are in; to bind up the nation's wounds; to care for him who shall have borne the battle, and for his widow, and his orphan.

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Scholarly Reflection on Domain Four: Education, Professional Formation, and Public Servant Leadership

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Author Note

The opinions in this article are those of the authors and do not represent the views of Navy Medicine, the Department of the Navy, the Department of Defense, or the United States Government.

Introduction

Since the tragedy of September 11th the face of military medicine has changed—both in its complexity and its need to incorporate all members of the healthcare team into a cohesive and functional unit. While everyone recognizes that medicine—at its core—is a "team sport," the battle faced today to save the lives of our wounded brethren has outstripped anything we have ever known from previous conflicts. Our casualties are surviving at unprecedented rates, and this is directly related to a full implementation of the team concept. From the medic and corpsmen in the field who provide on-scene care, to the nurses who handle the transport and treatment of our critically wounded, and to the physicians who perform life and limb saving surgery in far forward locations—all must work together to ensure we maintain this high success rate. This teamwork's success involves relational responsibilities—responsibilities that come with the wider societies and cultures within which we exist. As societies and cultures advanced and developed, as Abraham Maslow has taught us, the hierarchy of human needs developed. Such needs have always been overarching

and complex. Social success—particularly in medicine—has always been predicated upon the development of knowledge, skills, abilities, and the synergy of these among the various members of the treatment team. This is not a new insight. However, it is clearly one that must be kept in mind as societies today advance into new forms of self-understanding, of self-governance, of mutual existence, of productivity, and of human exploration into the unknown. How is this relevant to Wounded Warriors, to their care, and to the rest of our society?

Our Wounded Warriors come to their military service from diverse educational and family backgrounds. Some come with the completion of a secondary education. Others come with undergraduate or graduate degrees. Still others come with various levels of each. They come with some form of personal vision of the profession they have chosen for at least some portion of their adult life. And they come with an inherent desire to make a difference in the lives of their fellow warriors as well as the society they serve.

And then their world imploded.

From the stalwart human beings that they have been, they suffered injuries either visible or invisible or both. These wounds touched and scarred their very being and affected the multitude of goals each of them had. In the crush of the seemingly impossible, some would think that their dreams for the future were shattered.

Not so.

In today's centers of excellence that reach out with healing to our Wounded Warriors, these young men and women are engaged in the heroic and exciting exploration of how their innate gifts and talents can be reshaped, renewed and rechanneled for others. The phenomenon of Wounded Warrior Care provides the forum in which these heroes find newer, ever more meaningful ways to continue to be of service to each other and others in need.

Education: The Authenticity of Learning

In all of this, the rest of the healthcare world—both military and civilian—has much to learn. Education is a curious term. It comes to us from the Latin *educare*, meaning "to lead out." In other words, education is a process of being led from not knowing to the experience of knowing. In some forums it would be called the process of being led from ignorance to knowledge. Education has had, as we know, a long and complex history. It has various forms and levels. It acquaints persons with theory, with practical or professional skills, and with the ability to engage in development from the analysis of experience.

Education, like other parts of human culture, is essentially a human experience. Programs of instruction in every age should always integrate the best of new technologies. However, the integration of these technologies is neither wise nor ultimately useful unless it is done within the overarching context of human communication and interface. Education requires personal commitment and personal interaction—interaction between students and teachers, discussion and debate among all the members of the educational conversation that is the nature of learning. In short, contemporary education must remain a human experience and not become a mere technological utility.

The needs of our Wounded Warriors require the continual humanization of education. Wounded Warriors come to their healthcare horizons from wide and diverse educational backgrounds. As they seek to embrace their challenges, make sense of them, and move toward the opportunities of life before them and their families, they engage in healthcare experiences that make use of technologies but do so in utterly human ways. Their educational needs are the same.

As Wounded Warriors look to their future, they are urged to grasp every opportunity for learning. They surely can and often must rely upon every new form of educational technology that is developed. The use of desktop computers, voice commands for information systems, the re-engineering of tablet technologies for use with prosthetic limbs—all of these are critically important technologies that will make educational excellence a reality for our Wounded Warriors. Yet the use of these advancements, like the healthcare opportunities they also experience, must be accomplished within the richness of human communication.

However, there is an important challenge in this. Our Wounded Warriors form communities of care with one another and with their healthcare leaders. Their families become caught up in this same energy. They bring this communal perspective to their educational endeavors and clearly are urged to do that for their future. Their experience in this, important as it is for them, is a challenge for the rest of their healthcare team. In a world that often engages in instantaneous gratification, the careful and prudent use of swift technologies within a wider traditional humanistic approach to the process of education is critically important. The educational experience must be innovative yet ever able to speak to the mystery of human knowing. Our Wounded Warriors teach us this quite well.

Professional Formation: The Process of Development from Within

Our Wounded Warriors have immense gifts and talents. Indeed, the suffering they have endured has changed them physically, mentally, and spiritually. Yet they carry within them the desire to do their best, to be something more, to make a difference in their world. It involves the discovery of abilities and potentials never before known or realized. This is simply part of their being human. However, it is important to reflect that the challenges they face are, from a different perspective, not obstacles but opportunities. And in their courage, they actually embody the enduring human spirit of innovation and adaptation. Unquestionably, the advancement of human culture is predicated upon the profound talent of men and women to grasp the circumstances of the present and fashion an unprecedented future. In this, our Wounded Warriors provide for the world's citizens an amazing example of the human spirit's refusal to be daunted by seeming obstruction.

From the experience of our Wounded Warriors and their holistic care, we are called to a profound reflection upon our individual understanding of what it means to be a contributing member of society. In effect, their experience embodies a tripartite process of discovery. In the first instance, one has to take into account one's individual gifts, talents, limits, current abilities and skills, and potentials. This is not a process that is done alone. It is a process that requires the time-honored experience of mentoring and effective, critical reflection and honest self-assessment. Sometimes, this self-assessment is nothing short of

demanding, even at times brutal in its honesty. Sometimes we believe we have talents that are not ours at all. At other times, we shrink from the possibilities within because we fear their price; we fear what such possibilities and discomforts may occur if we seek to realize them. Yet the search is ever the same. It is the search within.

In the second instance, professional development must lead the individual to a realistic assessment of what opportunities and needs exist within one's community and society. One of the gifts that our Wounded Warriors give to us is a living witness of social generosity. They sensed the needs of a world at war. They assessed their own levels of courage and then "enrolled their names" in the defense of the nation. They gave their all, their limbs, their lives, their personal security to dedicate themselves to the profession of national defense.

In the final instance, while engaging in a realistic assessment of one's gifts, abilities and potentials, the individual must always be moved to ponder: "What contribution can I make to the real needs of those around me? How can I make a difference in my world? Where might I fit within the scheme of things?" These are the questions that energize our individual quests for jobs and opportunities.

Leadership: The Practice of Public Servanthood

Without question, Wounded Warrior Care over the last 10 years has constituted an important challenge to healthcare itself. For many complex and diverse reasons, the experience of healthcare, especially in our local culture, has concentrated upon the immediate needs of an individual patient, with individual symptoms, with an individual condition. In a word, healthcare has been episodic. This is not without reasonable understandability. The nature of human illness and the desire to effect healing have led to specific and individual medical therapies centered upon the individual.

Our Wounded Warriors bear within themselves visible and invisible conditions and needs that are changing the healthcare landscape for the next hundred years. Wounded Warrior Care looks to the ways in which the experience of one's wounds invades and affects one's entire being: one's physiology, psychology, spirituality, self-image, relationships, stance in the community. In addition, the experience of Wounded Warrior Care impacts the families, friends, relations, workplace, colleagues, and the local communities that our heroes call home. Wounded Warrior Care is driving us to refocus from episodic healthcare delivery to an ongoing continuum of care.

Ultimately, the experience of their care and their healing is changing the very conscience of the nation. And in this experience of change, our Wounded Warriors are forging for us new pathways of leadership that are completely unexpected and without precedent. In ancient history, the authentic leader was one who, in giving direction, did so by creating bridges of experience and mutuality among the members of the community or nation. In a certain respect, this is a powerful image for understanding what our Wounded Warriors give us as a challenge to our understanding of leadership itself.

Our Wounded Warriors within their bodies and minds "bridge together" the diverse and complex aspects of their self-meaning, their self-expression, and their self-desires

for the future. They bring together medical necessities, psychological self-meaning, and their ultimate identities in ways that force us to rethink what it is we mean by healthcare leadership. We hear them speak so often of wanting to return to their units, to their comrades in arms, to the pride of place that comes from defending the lives of the weak and the dispossessed. Theirs is not a leadership of direction. It is not hierarchical. It is truly a leadership that is a public service. It is not a job or a profession. It is truly a vocation, a calling to be both a servant and a bridge that connects that which is detached or disengaged.

Real leadership must be exercised within the experience of the individuals themselves. It is a sense of leadership that is made visible when the leader shares in the actual lives of those being led who are members of the community. This type of leadership is "historical" because it is exercised and experienced from within the history or story of the group itself. It is multilateral and brings together disparate persons and disparate perspectives with a sense of diversity and synergy that seeks to bring to birth a society that is truly collegial.

Conclusion

Our Wounded Warriors are changing the face of American healthcare. Their care is bringing new meaning to medicine as a systems experience. This essay is a critical reflection upon our Wounded Warriors as an actual presence within our daily lives. Their ongoing treatment, education, and professional development certainly pose real challenges not only for them and their families, but for us as a society and profession entrusted with ensuring we never forget the sacrifices they have made for their country.

Each day as we practice our art and craft we are blessed to care for these Wounded Warriors, and it behooves us as professionals to ensure that the care they receive is not only technically sound but also holistically right—that we care for their hearts, minds and souls. In our midst our heroes challenge us by their courageous presence that they indeed have brought the best out in themselves, even at the price of great pain. May their sacrifices bring out the best in all of us as we continue to support and shape this continuum of care.

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THE POETS' CORNER


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Reflection and Poem: *Immersion*

Anonymous

The following reflection and original poem are offered as one means of capturing the immense gift that Wounded Warriors bring to us for the long term. They have given their all. Their giving now asks the same of us—to give our all as the foundation for the communities of life we seek to build with every human person.

Reflection

Many years ago when I was much, much younger, I was always taught that the last place I need to be in life is in an ivory tower. Each time I went to study, the schools I attended had just so happened to put into place an "immersion" requirement. While continuing strict programs of traditional study, the curriculum was expanded to make sure that students engaged in supervised internships that required you to be out in the streets, so to speak. The experiences then were "unpacked" in group session for their impact on you as both a future professional but also as a person. As you can imagine, the pain and disdain of those of us newly-required to engage in these experiences was deep and as meaningful as were the experiences we were supposed to be obtaining! I hated it. Every minute of it. Yet somehow I knew deep inside me that this place of my resistance was to be one of the most important parts of my total education and formation.

Over the years, and as you might expect, the essential lesson took root. In fact, in the last several years of my life, I have found myself needing to get out of the enclosed areas of my work in healthcare and remind myself what it is I am "really" supposed to be doing with my life, where I am really being called, who I am really supposed to be serving. It is easy to get caught up in paper and pen, in strategy and tactic, in policy and procedure, in seeming prestige and the fleeting importance of governmental status and power. Yet these are, in the end, not the "end" at all.

One day, perhaps a year or so ago, it struck me that what I needed to do is go out and simply "be" with the women and men who come to our communities in search of healing and wholeness. So, I quietly began to make my way perhaps every other week to various of our clinics and hospitals to be in the presence of those who come for care. I would hide my official badge, "dress down" for the occasion, and just walk through, perhaps sit in a clinic, breathe in the experience, drink in the moment. Oh yes, there has been the occasional person who has recognized me. I have had to quiet them very suddenly! I also have had to tell them pretty emphatically that my purpose being around was not to "check up" on anything or anyone. If anything, my purpose in being in the area was for me to "check myself in" to the real reason I continue to do what I do in my life.

A few weeks ago, I was walking down the hallway in one of our hospitals, going from one wing to another. I was part of just a larger group of people passing by each other. And then it happened. Out of the blue, as always. A middle-aged gentleman. Perhaps a retired Hospital Corpsman or a veteran of the line. His walk revealed that he likely had,

at some point, suffered a head injury. Perhaps he was one of our Wounded Warriors. The left side of his body was much less than amble. As he would walk—or more accurately, limp—his left leg and foot dangled askew. He was on the other side of the hallway walking toward me. He stared right ahead. Yet somehow I must have been in his periphery. I did not know him. In fact, I myself had hardly noticed him. But something must have caught his attention. I have no idea what or why. As he neared, he seemed to change his position so that he looked as if were walking right at me. He slowly raised up his dangling arm and trembling hand. Instincts took over. I high-fived him back. His head nodded slowly. And he just kept on.

I stopped.

Turned.

Looked after him as he continued down the walkway.

He never looked back.

It was over in the flash of a moment.

Or was it?

A corpsman came up behind me and wanted to know if something were wrong. I told him no. I told him that, in fact, things could not have been more "right." For there right in front of me was the living reminder of what I am really called to do with my life.

See.

Recognize.

Move toward.

Touch.

Care.

Not metrics. Not policy. Not regulations. Not commendations. Not the bullets in evaluations I too often think are the important part of my life and career. Touching and allowing oneself the sacred joy of being so humanly touched. These are the really warm gifts that surprise us in the cold winters of our lives. And it is in these moments that one can sense the centuries old traditions of human insight that remind us that the road to the "more" of life, to divinity, does not happen in dogma. The road to divinity begins within our humanity, within our very flesh, our human experience, our touching. The Greatest Good touches us.

Yet do we do the same? Do we dare to touch? Do we dare to let ourselves be touched?

Sometimes we fear to do that which we crave and need the most!

Interesting.

On so many human festivals, stories remind us that the search for the Good begins in human experience. It begins in the simplicity of what it means to be born, to touch, to embrace without prejudice, without agenda, without calculating the cost. This is the immense journey within. The real immersion. The immersion into the self that allows us to ask how deeply do we love? How much will we sacrifice that others might live? Are we courageous enough to be immersed into the depths of what it means to be human?

And yes, on occasion, in a hallway filled with surprises, we just might meet someone whose dangling is a strength never thought possible. Perhaps that is one of the greatest lessons our world can learn from those who have sacrificed limb and life for the hope of lasting peace and the safety of the women, men, and children of this world.

POEM

left arm raised
elbow bent
hand stretched upward
fingers parted
tremor
gait slow
leg dangling
foot quivering
injury unknown
gaze straight head
that one hand
nearing to my eyes
instinct five hits five
continues on
all occurring
one place
walking
one place
searching
one place
lifting hands
to touch
to be touched
sensing here
one place
belonging

Short Story: *Starter*

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For Emily

Everybody says they joined the military because of 9-11. They wanted to be a hero, patriotic or what not. And who wouldn't? I was all for those things. I never had anything against any of that. But if I was honest, I'd tell people I signed with the Marine Corps because I couldn't see any reason not to. I don't tell anybody this, though.

I don't lie. They just don't ask. They assume it's because of 9-11 and I don't correct them.

And now that I'm out, sure there's a pride there that I served. I bump into old high school friends like Makayla Lupe at Le Nails or even my old boyfriend Emilius Alchesay at Video Dome and they go on about how they missed me. They heard I was back from Mama or my sister. They think our troops are doing a great job over there. They say, "Wow, I bet your niece is huge to you, born while you were deployed and all."

I just shrug, but my mind never goes to 9-11. It travels straight to the recruiter's office, down a narrow hallway with blue faux wood paneling—who ever heard of blue wood, anyway?—and the skinny man who leaned in too close as I signed my papers. Every enlistee's experience in a recruiter's office is different. I'm sure the kids right after 9-11 heard a lot about pride and doing what's right for your country, but I was a little too late for that talk, I suppose, or my recruiter just knew that approach doesn't work with Apaches. Lori Piestewa, that Hopi girl all over the news when she was killed in Iraq, already had a mountain named after her in Phoenix by the time I picked up my pen. Everybody was already over their shock and awe by then. I just knew I'd graduated far enough from the top of my class that scholarships were out of the question, so the Marines made sense.

I'm big like I remember Dad was, before he left us. Mama always described Dad, and now me, as "tall and intimidating." She said it made sense that I'd be a Marine. She said I look like one. Mama and my sister Lynneaya are both tiny.

While I was away, Mama got me a German Shepherd. I think she felt bad because she never got me a dog when I was a kid and always asked her for one. She taught it to sleep in a wire crate with the door open. The kennel is right next to my bed and as soon as I got back I had to feel guilty for sleeping all day because the dog never got any exercise. He'd just lie in his crate, waiting for me to wake up. I named him Gunny, after my gunnery sergeant. I saw Gunny on Skype when he was just a puppy and Mama held him up to her slow computer. He was huge by the time I got home.

Once I'd been home a while, Mama started asking me to see someone about my "difficulties," as she called them. She worried about me. I tried to get in to see a shrink at the VA and it's like ten years until I can get in to see one. Mama worried I'd do like Dad did if I waited too long to see a VA shrink. She talked to a friend of hers from Gadfly, the little ski town that borders our Apache reservation. Her friend is some white gal she works with, whose sister is a family therapist who gets all teary eyed about Jesus and the Veterans. The sister thinks all vets sacrificed themselves just for her. I guess the sister wanted to do something nice for a veteran. I got volunteered. She agreed to see me for free. Her office is in the same thin-walled building where the recruiter was all those years ago. Only her paneling is green fake wood instead of blue.

So, Judy Jones is the name of my shrink. She hates it when I call her a shrink. She's my "therapist." She doesn't say hate. I don't think she'd say she hates anything, except maybe people who forget Veterans. She's big on remembering us. When I call her my shrink, she tilts her head to one side and looks at me through the tops of her eyeglasses to correct me. "Therapist, Ms. Henry."

She always calls me Ms. Henry, too. In high school, I was always just Henry. More often than Kayla. Same with the military. Henry or Private Henry. Or Private. Never Miss, and never ever Ms.

I think I surprise Judy Jones because I will at least talk to her. She has the idea that all Apaches are mute. She watches too many reruns of cowboy and Indian movies on cable. Actually, I used to be a chatterbox. Mama says I would drive her crazy telling her everything I was thinking about all the time. What I ate, how it digested, who was mean, who was cute, what I thought about the wind. Mama says even as a little girl I would wake her up in the middle of the night and tell her how Mr. Wind was bugging me. She'd hand me a can of air freshener and tell me to scare Mr. Wind with it. That was the closest thing in her reach one night when all she wanted to do was go back to sleep and the idea stuck. After that, she'd come in to my room most mornings and there'd be a stinky fog that would just about knock her over and I'd be chattering right in the middle of it about how I'd tried and tried all night to frighten Mr. Wind away but he was still buggin' me.

I guess I don't talk near as much as I used to, though, and that's what's scaring Mama. That's why she wanted me to talk with Judy Jones. That and how I scared the baby. Judy Jones and I talk about this; she says I'll tell her about it when I'm ready.

Judy Jones asks me what kind of things I like to do. "Nothing much," I tell her. She doesn't believe me and presses me for an answer. Til one day I just told her: "I used to like going to the grocery store parking lot in town every day for lunch." I told her how everybody called it the Rez Café, though it was only a line of tents and card tables at the back of the parking lot. The grocery manager still lets the old ladies set up there because they buy their flour and salt in the store. I used to pick a different fry bread stand depending on the day. Rudy Altaha's on Mondays, because she always pressure-cooked her beans so they were the creamiest and that somehow made Monday more bearable. Lois Naseyoma's on Tuesdays because she always used greens from her own garden shredded on top. Curtis Crier's on Wednesday because he never used fresh veggies any other day but got them fresh from the

farmer's market every Wednesday. Oh, and never Frederica Lupe's stand. Just never. She reused her oil a thousand times and it always tasted like mothballs.

Judy Jones asked me have I been back to the Rez Café lately. I told her I went for lunch since I've been back, and tried to eat an Apache taco, from Rudy Altaha even—she's still there in her camp dress, crinkling her eyes and flashing her tooth for every customer—but somehow even her beans don't taste as smooth as they used to. Maybe she skips the lard nowadays. Everybody's quitting the lard because it's bad for the heart. But things don't taste the same without it.

Mama came into my room the other morning and told me she's been praying to God that I'll start liking the things I used to like and that I'll find something to do for myself. Later, that night, we were at the dinner table. Lynneaya took the baby in the stroller to go walk around the lake, so it was just Mama and me, eating hamburger steak and peas. Mama asked me what I was thinking. I told her she didn't want to know what I was thinking, but she pushed me like Judy Jones does. So I said, "You used to pray for me every day, Mama. You told me in every email, every phone call, every care package." I tossed some peas around on my plate with my fork. "Maybe I still need that."

Mama said, "You think I don't?"

I put down my fork.

"I pray for you even more now," she said, "because I can tell I need to." She stood up and carried her plate to the kitchen. She came back for salt and pepper, talking like she never left the room. "But I haven't told you, because I haven't wanted to make you feel bad." The salt and pepper shakers knocked together as she took them in one hand while pulling my plate away with her other hand. I hadn't touched my meat or my peas, but I guess she could tell I was finished.

"If it's God's will," she said. "I told God I wanted you back to your old self, only if it was His will." She headed back into the kitchen and said over her shoulder, "I also told him, if he'd like to hear my opinion on things, then my opinion is I hope my daughter is her old self."

I guess Mama started really worrying about me after I first got home and Mama and Lynneaya left me alone with the baby one day. Lynneaya got called into work. A bunch of tour buses filled with old people from California rolled into the casino parking lot and I remember Lynneaya saying her boss wanted "all hands on deck." I wondered if the boss even knew what that really meant. I remember Mama asking Lynneaya what she was going to do with the baby. Lynneaya walked out the screen door and hollered on the way to her car, "Let Kayla do it. She's home all day."

Mama came up to me and put her hands on my shoulders, shaking me a little. "You have to help us out here." Then it was just me and the baby. The crib is in the living room next to the TV. For the longest time I sat in the recliner across the room, watching the baby's belly go up and down. It was on its back and its arms were up and over its head and its legs were wide apart. It looked like a little "x" just flopped there on the mattress with nothing

but a cream-colored fitted sheet on it. I shocked myself a bit when I peeked at her through the bars and said, "Splat" out loud. That's what she looked like, like she'd just fallen from somewhere, splat, right onto the pad.

That is, until she woke up. She was silent for so long, just the up and down of her belly through her tight yellow t-shirt, then all of a sudden she sucked in a big gasp of air and she sat up. She took one look at me across the room and another quick scan to see Lynneaya and Mama were gone, and she started up with hiccup cries, followed right after with full-on screams. I flapped around the house a while, finding blankies and bottles. I washed off a pacifier I found on the kitchen floor.

The baby wanted none of it. She wanted none of me. She kept leaning past me, craning to see into the kitchen or the other side into Mama's bedroom, probably hoping they'd walk in and save her from me. The whole time she just kept screaming, louder and louder.

That's when I felt myself starting to get mad. Hadn't I done what Mama and Lynneaya would have done? I turned my back on the baby, walked to the kitchen, around to the bathroom, back through Mama's bedroom and into the living room again. I put my hands on my low back.

There was still the screaming. Except now, was it just the baby doing the screaming? Next thing I knew, my hands weren't on my low back, but the baby's. I was lifting her up, out of the crib. I was the one screaming. I was shaking her, toward me and away. "Snap out of it!" Those were my words. "Snap out of it! Stop being such a baby!"

That's when Mama walked in on us. "Kayla!" she said, and she elbowed me in the stomach as she pulled the baby out of my arms.

So, yeah, Mama made me start seeing Judy Jones. The baby's okay, but I don't want to think about what might have happened had Mama not come home for lunch.

Judy Jones wants me to talk about things like this. Therapy still doesn't make much sense to me, but I do what Judy Jones says. Especially when I'm late for an appointment or I try to skip and she calls me or finds me at Coffee Chalet and growls in a low voice, "Get to my office. Now." She reminds me of my Staff Sergeant when she does that. I snap to and do what she says. I start spilling whatever comes to me.

Like, just the other day I got to thinking, I don't know why this popped into my brain, but I told it to Judy Jones, about Mama's starter bread. Mama doesn't make it anymore. She doesn't even make fry bread anymore. Everybody's so busy. I think Mama has a jar of it in the bottom of the freezer, but she doesn't make homemade bread everyday like she used to, grinding her own wheat and using nothing but that, some water, salt and the starter that our family's had around for who-knows-how-long, first collected from the white powder on juniper berries. I got to thinking about that quart jar Mama always kept in the fridge. She had to bake bread all the time just to keep the juniper starter alive. It was right about the time Daddy left, and Mama forgot to put the lid on gentle. She used to lecture to me, Don't put the lid on tight, but I never knew why. Mama must have been distracted by Daddy leaving because she screwed the lid on tight and forgot about that jar.

I opened up the fridge one day to get some milk, I was always drinking milk those days, and there were shards of glass and globs of alcohol-smelling flour all over the refrigerator. Mama came home, dropped to her knees and cried. She had named her starter Monster, like it was a pet that lived in our fridge. And now it was gone. DesiMae Altaha brought us over a jar of her starter the next day, because she knew how sad Mama was. But Mama said it wasn't from her family so it wasn't the same.

I don't know what made me think of those shards of glass all of a sudden. I guess I saw some broken glass reflecting sun on the side of the road while I was out walking and thought of that explosion. I miss that bread. Mama always made the best bread.

Judy Jones asks me questions sometimes, especially when I'm quiet and don't know what to talk about. She says I need to talk about what's on my mind. Sometimes I don't know what's on my mind, only that I'm tired all the time. I can't sleep. As soon as my head nods, if I'm in the big brown chair in the living room, I startle. As soon as I'm quiet and start to fall asleep in bed, my body jerks and I let out an "Ah!"

Not too long ago Judy Jones asked me, "How were you treated as a woman in the military?"

All I said was, "I had to keep up." I was in no mood.

"Yes," she said. She wasn't giving up. She sat forward in her black leather chair. She touched her fingertips together and she held her shoulders up high. I've noticed how she pushes me when her shoulders are hiked up, like she's trying to convince me of something. "…But how were you treated, you know, personally, back in the barracks?"

I flopped farther back in my seat and dug my shoe into her rug. "Look, this isn't going to be an Oprah show or some women's group."

Judy Jones looked surprised.

"God, you remind me of a teacher I had in junior high health class. She wore dangle earrings and scarves every single day. It was a class just for us girls and, besides the birds and the bees, the teacher was always trying to get us to spill our feelings about how we were 'treated.' Who does that?"

She looked at me over those eyeglasses and said, "What's your point, Ms. Henry?" Her voice was quiet and her shoulders were down again.

I sat up and looked around the room. Good question. I thought about it for a long while and said, "I loved the military, that's all."

Judy Jones saw this as her opening to use her therapist voice. She uses it every once in a while—her slow, pointed voice, sounds like the bishop at Mama's church. He pauses for effect and makes a big deal. She'd get my attention better if she'd use her Staff Sergeant growl. Instead she breathed out, "You can love it and it can still hurt you."

I stood up. I had to move. I felt myself grinding my teeth as I walked around her room. I said, "Aw, hell. There are a lot of complainers that seem to crawl out of the woodwork once they leave the military. There are probably complainers everywhere. You won't catch me being one of them."

Judy Jones took one more opportunity that day to use Therapist Voice: "Needing help doesn't make you a complainer." She must have caught on that her tone was getting to me because quick as she turned it on, she just dropped it and said normally, "Group therapy would help you, if we can find people like you who have gone through experiences like yours."

Hearing her drop something and just talk to me regular made me drop my act, too. I sat down next to her again and asked, "Who is like me, really? How many Apache women soldiers do you know?"

She said, "Don't kid yourself, Ms. Henry. Don't get to thinking you're all alone. That's dangerous thinking. First and foremost, we are human animals. We invented speech as a species for a reason. We may not be able to get our points across perfectly. We may not be able to get people to understand us completely, but we should never give up trying. That's what speech is for. We communicate. We keep talking. We keep trying. To do any less is to literally deny our own humanity. That's the greatest risk of all."

Judy Jones is like a boxer in the way she gets me to talk about my deployment. She dances, then jabs. She starts talking about my favorite food, then what I missed over there, then—bam!—we're in Iraq and she's asking me what my job was like. I'm not afraid to talk about it. Most days what I did was typical, but I guess there was always the potential for more because I patted down injured Iraqi women before they were admitted to the E.R. I was trained to find bombs on them, just most times I didn't.

So one day Judy Jones is doing her dance and jab routine when she throws me an uppercut. She asks me full on about the time I did find a bomb on a woman. Only it wasn't a woman, it was a girl. What's worse, she was one of the Iraqi children I knew. I recognized her right off.

Those kinds of things happened over there. We used to go out and give gum and candy to the neighborhood kids. We were only cleared to do this when we were supported and only then in the secured area, but I got used to seeing this one girl. I'd remember her because instead of the one word in English all the other kids knew, "Candy," she'd holler, "One pen." Just like that. "One pen." Not just "pen." Somebody had taught her to say "one pen," and after a while I brought a ballpoint, just to see if she really wanted it.

I will always remember how excited she was. I can't describe her eyes. She was like a flower opening. Sure enough, all she wanted was a pen.

When they brought her in to the E.R. on the gurney, her whole left side was bleeding. She was awake and looked at me. I don't know if she recognized me. The flower look in her eyes was gone. It didn't take me long to find the bomb material taped to her back side. With the girl in her draping black dress, it could have easily gone unnoticed and killed who knows and how many inside the hospital.

Judy Jones asked me if I felt betrayed. I must have snorted or let out one of my harrumphs because she took offense at my response.

"Ms. Henry," she said, "if you don't want to talk, fine. Let's call it a day. But don't you dare disrespect me."

"I wasn't trying to disrespect you, Ma'am," I said.

"You might not have been trying, but you succeeded."

"No, Ma'am," I said. "It was the word 'betrayed.' You asked me if I felt betrayed."

"Yes, and you scoffed at me," Judy Jones said.

"That scoff wasn't at you, Ma'am. It was at my own mind, I guess."

"What do you mean?"

I tried to explain how ironic it was that I've never felt betrayed by the girl with the bomb, someone who could have killed me. I mean, to this day I don't know if she willingly put that bomb on herself or if someone made her, but either way I don't care.

"What is ironic, Ms. Henry?"

"There's only one person who I'd ever say betrayed me and it's not the person who might have killed me with a bomb," I said.

"Who is it, then?"

"Joe."

"Who is Joe?"

"My boyfriend."

That seemed to turn something on inside Judy Jones. She exploded with questions about Joe: When did we meet? Was it in the military? Were we deployed together? I interrupted her with, "Look, if anything, the military was a coincidence in our relationship; it was certainly a coincidence in our breakup and I don't want to talk about it."

That choked off our conversation for that day. She ended with, "I won't make you talk about Joe, but you should talk about him with someone. Perhaps your mother."

We went along in that strangled way in our sessions for a while. I started trying to skip appointments again and Judy Jones took to yanking me out of The Bear's Den Bar to bring me to her office. Until she asked me the other day, "What's the main thing you learned while you were over there?"

I surprised myself by having an answer right away.

I told her that the main thing I learned in Iraq is I'm not special. We're not special. Nobody's special. Growing up, Mama made me feel we were different, important, mostly because we went to church. We made the right choices, were closer to God somehow. But over there I realized, there are six billion of us. Six billion of God's "chosen" people.

I also realized, we're all kidding ourselves. Over there, you could be the most decorated soldier, the smartest one, the one who followed all the rules and humped the fastest and worked the hardest and carried the most gear and you could still get blown to Kingdom Come by a roadside bomb. That's what happened to chosen people.

The bomb knew the truth. The bomb knew there wasn't a one of us was special. We were all just bait for the bomb. I suppose that girl with the bomb strapped to her, the one I gave the pen to, she probably believed she was special. Somebody probably told her there'd be a special place in heaven for her. Or people who believed there was a special place in heaven for them made her wear that bomb. I suppose I should have hated her, or the people who made her do it. Maybe I should have wanted to rip them all to pieces for trying to blow me up with her. But if I felt that, it'd mean I cared, or that I believed I was the one who was right, and she was the one who was wrong. Only I don't believe that. I have so much distance from all that. I just shake my head and think the poor girl thinks she matters. What a fool.

After I said all this to Judy Jones, she said to me, "You can be ordinary, Ms. Henry. You can be one of six billion, and you can still matter."

I think I did my harrumph thing and she got on me for brushing her off again. Then she said, "It's like your mom's starter you told me about."

I lifted my head her way. She had my attention because she was telling my stories back to me.

"You said your mom didn't want her friend's starter because it wasn't the same." Judy Jones raised her shoulders to her ears again. She was on a roll. "Someone in your family collected wild yeast off of juniper berries, cultured it, preserved it and passed it on." Her eyebrows were up and she was nodding her head up and down like she wanted me to agree with her. I just sat there.

"Don't you know, Ms. Henry? Your mom's right. Her friend's mixture wouldn't have been the same." She looked at me over the tops of her glasses again. "You are the starter, Ms. Henry. And so am I. And so is everybody. There may be other ways to bake bread in the world, from juniper berries, from grapes, from a plastic bag in a grocery store, but none of it would be the same as yours. You can be one of six billion and you can still matter." Judy Jones danced and jabbed my story right back at me.

I get tired of all the emails in my inbox that try to make me pay attention by telling me these are the type of stories you'll never hear. That's what I said to Judy Jones recently. Why do they have to dress up the stories that way, I asked her. Who cares whether you'll ever hear these stories or not? Stories deserve to be told, that's all. Why can't they just say that?

And even if you hear the same story over and over again, that doesn't make it less important. Just tell the stories. I guess I'm starting to listen to what Judy Jones is teaching me.

Folks in the military are heroes, every day. And folks in the military are ordinary, just like me. We get in bad moods, do stupid things, selfish things. We also do generous things and once in a while we get things right. We do a job that requires us to get our affairs in order before we even start it, that's all. I remember the day Mama called me on my cell, crying, when the mail came with my Last Will and Testament and my plans for who would get my personal effects if I died in Iraq. She didn't make any sense. She blubbered and the only word I could make out was "Don't." I never wanted to do that to Mama. I didn't want to think about that stuff myself, but you do it. It's your job. It's part of the mission.

It reminds me of the time we were evacuated because of the Paradise Creek Fire. At the time, it was the biggest forest fire Arizona had ever seen. Bunches of us stayed in our tents at the rodeo grounds. Reporters were there from all over, shoving their microphones into our faces and zooming their video cameras up close. They asked us how it felt to have our whole community at risk of being burned up. All I remember thinking is I don't want to be this person on the news. I don't want to be the person folks shake their head at while they're eating their supper in front of the TV, tsk-tsking and moaning, "What a shame" or "Those poor people." I didn't want to be the person people felt bad about. I still don't. I just want to live my life.

I felt that way in the military and I feel that way now. I don't want folks to shake their heads at me or at Mama, pitying us for what we've sacrificed. That's like wet clothes I can't wait to take off because they're wrinkling my skin underneath. I just want to live my life.

I guess that's the best thing Judy Jones is teaching me. Just tell the stories. That's what she says to me. "You're sharing your story, Ms. Henry. That's the best thing you can do, for yourself and your loved ones," she says. "Keep it up."

I'm trying.

I'm taking Gunny out more too. We go hiking near what used to be Paradise Creek. He cracks me up because he won't stay on the trail with me. He goes the whole way splashing down the middle of the creek. When we get back home, his pads are waterlogged and he limps because they're puffy and tender. They wouldn't hurt him like that if he wouldn't soak them the whole way. It's okay, though, because he just plops down next to me for the rest of the day while I take my online class. I type and click and he licks his paws.

When I talked to Mama about her still praying for me it must have opened something up in her. She's been telling me more of what she's thinking. I'm not sure if that's good or not. Like the time she was doing dishes and she put down the mug in her hand and laid her towel over it. She walked close to me and said, "You're here, Kayla. That's what I want you to know. It's what I want, too. It's good that you're home. I want you to know that. I want you to act like you know that you are here. Home. Aren't you glad you're home?"

"No," I said. Just like that.

Her face crumpled. She asked, "How could you say that?"

I think it made me wake up a little. I said, "I'm sorry, Mama. Of course I'm glad I'm home." I followed her to the sink. I talked to her back.

"I know all this is supposed to mean 'home' to me, but it doesn't. My life in the Marines was straight-edged and clear. Which is weird, because, when I was in the middle of all that, deployed, all I wanted was to be here. But now that I am here, and everything around me is pine trees and rides to the post office, I don't know what to feel. Maybe you're right, Mama. Maybe I don't really feel like I'm here."

I don't think that explanation helped Mama. She was pretty quiet the rest of the night.

Pretty soon after our first appointments I figured out that Judy Jones was a strange therapist, or, at the very least, she had strange methods. But soon enough I also realized that she helped me anyway. Maybe she helped me because of her strangeness, so I kept seeing her. That, and she'd find me wherever I was and make me come to her office.

It was like her kookiness gave me permission to have my own quirks, too. That was refreshing after the military where I had to be just so and I couldn't even take a trip if I wanted. Now, if I want to just drop everything and go to Albuquerque or Phoenix, I do.

At first, Judy Jones warned me that my disappearing acts could be dangerous. Then she relaxed. She realized I wasn't going to do like my Dad and leave for good. She started giving me assignments for my trips: go to the science museum or check out a side street she recommended. She sent me to a weird neighborhood with nothing but Vietnamese cooking supply stores to eat weedy soup with sprouts. I loved every minute of it.

Once I stepped outside a bar where people sang barely adequate karaoke and these guys were kicking a little bald puppy, all spine and legs and nothing more. I lost it. I started picking up guys and throwing them on other ones, knocking them down like bowling pins. I'm probably lucky I didn't break anybody's back.

That's how I wound up with Grunt. He was the spindly puppy. My Iraq buddies think I named him after our nicknames as beginners in the military. That's not it. The poor guy was so tiny when I first picked him up. All he did was grunt like a piglet. How could I call him anything else?

Judy Jones says it wasn't good for me to almost break a bunch of puppy-kickers, even if they were nothing more than puppy-kickers. She says it's good for me to be sweet to little Grunt, though. I know she thinks it's good for both me and Grunt.

Gunny likes the pup. If he didn't, Gunny could put some mad hurt on Grunt pretty quick. Instead, I find Gunny and Grunt curled up together in Gunny's kennel. That won't work so well if Grunt gets much bigger.

I guess the day Judy Jones helped me the most was the day she kept pushing me to sum up my story of Iraq. I didn't know what she meant. How does anybody sum up their story of anything? You're too busy living it.

"Just tell your story," she kept at me. "Just tell it in fifty words or less!" Her voice got screechy and loud and she wouldn't stop.

"You can do it, if you really want to," Judy Jones said.

"What is there to say?" I finally asked. "My story is either a girl goes to war and comes back, or my story is a girl finds a boy, but he leaves her, just the way her dad did. Either way, so what?"

"The 'so what' is," she said. There was Therapist Voice again. "…Either way, it hurt you. That's enough."

We sat for another of the quiet spells between us. This time, Judy Jones didn't sit in a way that said she'd wait as long as it took. Her shoulders were up by her ears and she was leaning toward me with her elbows on her knees.

She said, "You mentioned that you used to be a chatterbox. Why aren't you anymore?"

"I grew up. Now I understand what people mean when they say some things are better left unsaid."

Judy Jones got past Therapist Voice and just talked to me normal. I'm learning that it's what comes after Therapist Voice that really teaches me something.

"Like any other saying, sure, that's true enough…" Judy Jones said, "…but it's dangerous if you take it too far. Some things, if you leave them unsaid, will kill you. It's not like talking to me or anybody else is a magic bullet, Ms. Henry. It's just that it's the only thing we've really got. It's like the saying about democracy, that it's the worst form of government except all the others. Talking's the worst way for us to fix ourselves, except for everything else we could try."

Then she, no kidding, stuck her tongue out and made a splat sound with her lips and she seemed to pause to see what I would do. What else could I do, I laughed like hell.

So, no, Judy Jones hasn't fixed me, but this week, before I went in to my appointment, I met Mama in the hallway. "Mama, I love you," I said. I hugged her and told her, "I'm glad to be home."

And I still haven't talked to Judy Jones, or Mama for that matter, about just what happened between me and Joe, but I'm getting closer.


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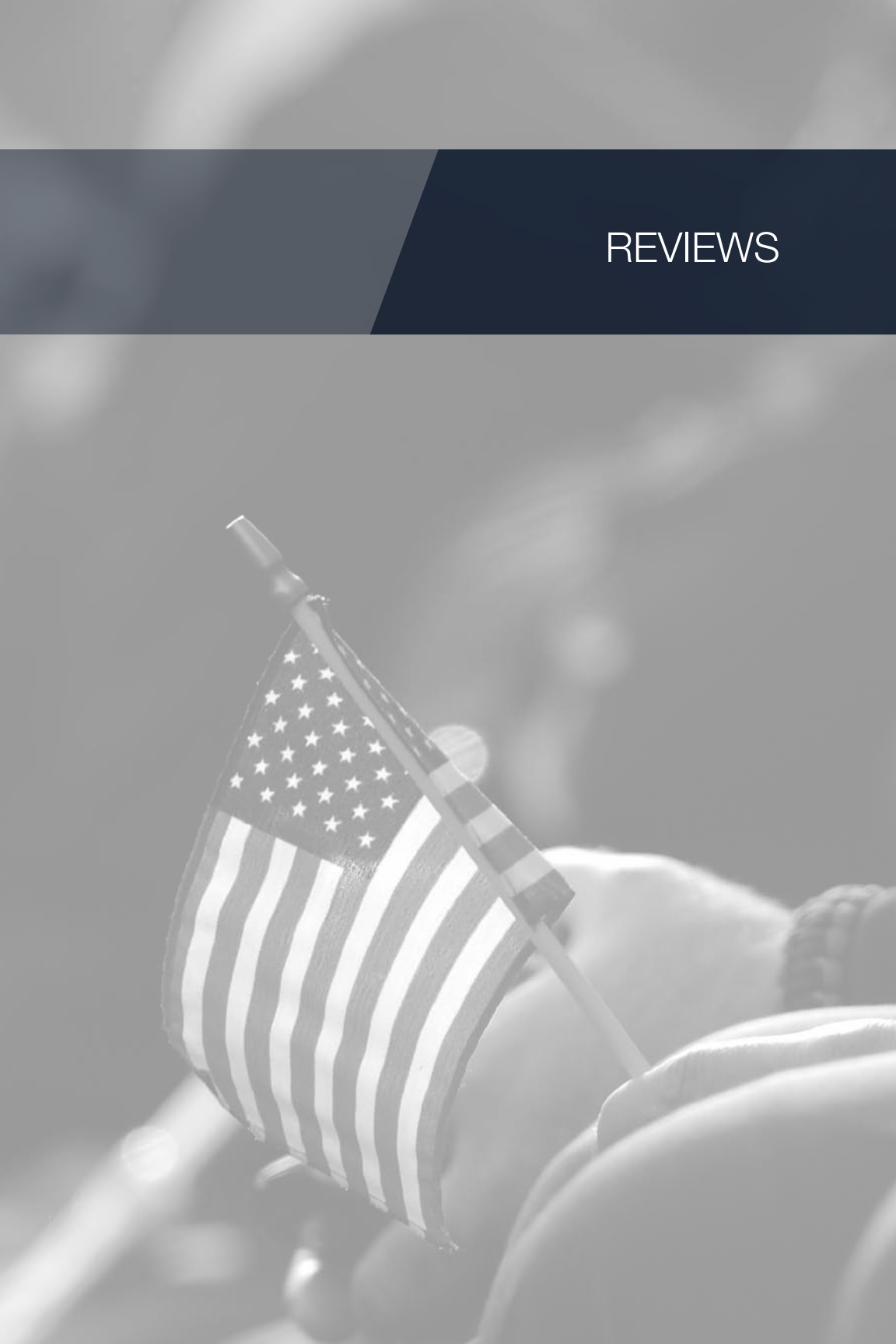

Book Review:
Rule Number Two: Lessons Learned in a Combat Hospital (2007)
Heidi Squier Kraft
Little, Brown and Company, 256 pp.

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(Editor's Note: In the text below, the references to the book under review are in e-book pagination format. Readers will note that e-book pagination format differs significantly from traditional pagination for print or PDF editions.)

Introduction

In 2004, Heidi Squier Kraft, a psychologist with the Combat Stress Platoon, deployed with a Marine Corp Surgical Unit to Iraq for seven months leaving behind her spouse and two fifteen month old children. *Rule Number Two* takes us on a journey from receipt of the first call for deployment, through seven months in the field of danger, and then back home. It uses the simple but masterful technique of interspersing moments from HOME with moments in Iraq to expose us to the mix of sacrifices, fears, courage, and emotional detachment from family members that accompany such a journey.

Rule Number Two derives its title from an episode in the older television series MASH. In this specific episode Henry Blake tells the surgeon, Hawkeye Pierce, that there are two rules of war. "Rule number one is that young men die. Rule number two is that doctors can't change rule number one." Dr. Kraft takes these rules one step further: "War damages doctors too. They are damaged by rule number two." (ep. 1698) Despite the source of its title, *Rule Number Two* is not a Hawkeye Pierce-ish critical expose of the state of mental healthcare in the military today, nor is it a lengthy tome of psychology jargon expounding the pros and cons of mental health treatment variations in textbook abstraction. *Rule Number Two* is also not an action packed adventure thriller where the heroes always win in the end.

Rather, catalyzed by a poem listing the things that were good and the things that were not good about deployment, *Rule Number Two* allows us to step through a window shattered by war to experience camel spiders, horrendous heat, and sandstorms alongside Alpha Surgical Company. We are allowed, safe in our own reading chairs and at home, to enter into the experience of the great sacrifices, the great courage, the great caring for life

that comes from providing mental healthcare in a combat zone. The author invites us to take a seat on a Humvee under fire on the road from Al Asad to Al Taqqadum, to feel the pulse of our fingers against the trigger of a pistol that we might have to fire. It allows us, through the author's powerful words, to hold the hand of a twenty-two year old hero before his fatal wounds take him from us. It gives us permission, along with the soldiers our country sends into harm's way, not to be okay sometimes, to give ourselves permission to reach out for help in spite of perceived mental health stigmas. Heidi Kraft's experiences in a combat zone provide the inspiration to heal from traumatic injuries and become stronger by facing emotional wounds.

Deployment

The book begins with a Preface letter from the author to her two young children explaining to them why she had to leave them so as to care for others half a world away. She walks us through the phone call that led her to deployment and then into the combat theater with Alpha Surgical Company in Al Asad. Early in her experience, she realized that trying to live with her feet in two worlds would be unbearable; and so, she had to make the decision to leave home behind for a time. She poignantly tells us,

> I knew at that instant I would be unable to function in Iraq if my children stayed at the forefront of my consciousness on a day like today. In a world where rockets exploded randomly nearby, I decided I could not be a combat psychologist and a mother at the same time. I had to be one or the other. I had no choice, I put their pictures away (ep. 480–489).

Rule Number Two exposes us to the true familial and psychological challenges of working in a combat zone like no psychology manual ever could.

Theory vs. Practice

Dr. Kraft provides examples of how you must sometimes take what you have learned in the theoretical halls of academia and provide real time solutions to real-time trauma. She explores the healing power of leadership, the healing power of human touch, the healing power of a good dog, the healing power of simply listening and caring for one another. These actions were sources of enormous healing energy and power not because they were written in a Standard Operating Procedure Manual or because of some researched and approved prescription for mental health. She came to these experiences precisely because she was able to figure out what needed to be done or said at the right time. Simply being there and caring was enough to support the Marines and Service Men and Women with whom she served. In the author's words, "[w]e understood one another when it mattered. . . They knew they could count on us to take care of them. And somehow, even before we really knew them, we knew they would take care of us too" (ep. 260).

Heidi Kraft speaks of a young Marine who was ashamed to feel afraid after receiving three purple hearts for injuries sustained in only his first two months of deployment in Iraq. She remembers struggling to form words that would make the situation normal again, struggling to find a therapeutic technique that would work and instead she told him,

"there was nothing normal about three Purple Hearts in two months", that "there were no feelings that were usual for people in that situation." She told him he was going home. (ep. 957–64) She also speaks for Mortician workers—who were all trained in different Military Operational Specialties from mechanics to drivers to supply clerks—who were assigned the job of looking for personal effects of deceased Marines and then to inventory them. During their first group session, she gave them permission to speak out with truth and thereby begin the healing process from the things they had witnessed. "When people have been through difficult experiences, sometimes working through them as a group is best . . . the hope is that, together, you'll feel able to discuss anything" (ep. 1277).

The author tells us of Friday Night Fights with boxing competitions that brought a sense of normalcy to Iraq. She talks of watching *The Sopranos*, eating corndogs and pancakes, group therapy, and, most of all, the incredible power of humor. She mentions the team and medical staff she worked with who,

> Best of all, though, they made me laugh. Their experiences had given them the wisdom to see humor in situations that might not have seemed funny at all to someone like me, who didn't know better. We laughed a lot together (ep. 844).

She reminisces about the man who lost three limbs and spent his entire time in the operating room telling light-hearted jokes. As she passed by him, he joked with her about how many Irishmen it would take to screw in a light bulb. *(Note: You will have to read the book to discover the answer!)* When this man left the operating room, the staff cried realizing the full irony, the incredible power of humor to create levity in impossibly tragic situations.

In her Chapter titled "Woman's Best Friend," Dr. Kraft summarizes her experience treating a woman with severe depression who found a new sense of purpose through caring for Cocoa, an orphaned puppy that the patient's unit adopted: "I believe good doctors learn from their patients every day. But I had never expected that in the middle of the desert half a world away, a female sergeant in the Marine Corps would define a new cure for depression" (ep. 2418).

In the final analysis, one compelling theme seems to run through the entire book: Caring enough to discover what works given the variety of responses and needs of individuals at any given time.

Heroes and the Power of Leadership

The most memorable moments of the book involve the author's experience with Corporal Dunham, who received the Congressional Medal of Honor posthumously for his heroic actions in combat. He threw himself on a grenade to protect the other Marines in his unit from harm. Heidi Kraft met him in the "expectant ward" a specific set-aside area where severely injured patients were placed who were not "expected" to survive—that is, until Corporal Dunham squeezed Heidi Kraft's hand. He was medivaced with high hopes, and we, as readers, are allowed to experience along with the author the incredible honor of holding this hero's hand, to experience the hope that lifts hearts—and the sore emotion that arrives with news that the hero has passed.

As I read *Rule Number Two*, I became more and more engaged with the notion that no one is immune to the chaos of a combat zone. I became more and more aware that being heroic is not necessarily limited to being directly in the line of fire. It was clearly obvious to me that, though the author does not acknowledge this in her book, many heroes in the combat zone are just like Heidi Kraft, the caregivers. The author does recognize the lack of immunity by asking the question: "Who is the shrink for the shrink in a combat zone?" and then answers the question: "The shrink for the shrink in a combat zone . . . was simply that person who understood at any given moment." (ep. 2362) She talks of the power of leadership in caring for the troops. She quotes *The House of God* by Samuel Shem when one character in the book asks "How can we care for patients if nobody cares for us?" Dr. Kraft answers this critical question with a powerful example. During a visit to the operational site, Captain Kaufmann asked the central question of the team, "How are you dealing with it all?" He stayed and listened. He stayed to hear about their experiences. He stayed to experience their fatigue, their losses. Heidi Kraft concludes, "We never forgot how the captain cared for us that day" (ep. 3107).

A Perspective on Family and the Stigma of Mental Health Support

Rule Number Two offers insight to family members who have loved ones serving in combat zones. It provides a critically important portal for entering into the world of the soldier or Marine, and the necessary detachment that all deployed individuals must maintain to remain mentally self-sufficient in a combat environment. Heidi Kraft explains, through multiple examples, the natural emotional anesthesia that sets in after traumatic events, the numbness that allows the mind to process its wounds after sufficient delays necessary to survive horrific events. These delays can manifest months or even years later when the mind is ready to take on the healing process.

Particular events in *Rule Number Two* hit home for me personally. I grew up with a father in the Marine Corps who survived two tours in Vietnam. The behaviors and thought processes that contributed to his survival in combat zones did not always play out equally well with his young daughters back at home. I remember in my upbringing that anger was fine; it was a sign of strength. It gave you the energy and stamina necessary to accomplish what needed accomplishing. Crying was a sign of weakness, of surrender, surrender that was never acceptable. It took my father forty years, but he finally realized that it was time to heal from the emotional wounds buried deeper than the shrapnel still buried within his muscles and he sought support from the VA medical program to heal from these injuries that happened so long ago. I have had two brothers-in-law serve in Iraq, and two nephews in Iraq and Afghanistan. At one point, my sister's husband and her son were both in Iraq at the same time. *Rule Number Two* touches on all of these types of deployments—reservists as well as full-time military personnel, and how the dynamics of family members in the same reserve unit impact not just the unit in the combat zone but the entire community left behind.

In November 2010, a special medical surveillance report of the Department of Defense stated that mental disorders are a problem for all individuals in the United States

and not just those who have been wounded in battle. That same text offered the clear insight that our current battlefields have sent more individuals to hospitals than any other current national situation. Prior to this report, the Department of Human Health Services teamed up with the Department of Defense in shaping a special request for applications to study how multiple deployments and the stresses or combat deployments take their toll on mental health and how better screening the treatment tools might provide for a healthier military forces. Such efforts, as well as many others, show clearly that the nation's leaders are not only aware of the immense situations reflected in *Rule Number Two*, but are looking to move forward to treat wounds and promote the healthcare needs of those who have served us so selflessly. National leaders are therefore taking seriously the issue of the social and cultural stigmas that have too long been associated with mental health issues and their holistic treatment.

I believe that *Rule Number Two* takes a significant step forward in reducing stigma associated with mental health recovery for military personnel so that individuals can get immediate assistance and continued support after deployment. There is no reason why our service members should suffer for forty years if they have the opportunity and perceived permission to process their injuries in forty hours or forty days or even forty months.

Resilience, Strength, and Returning Home

Heidi Kraft describes her first six months back home dealing with regular, non-combat related psychological issues as an unexpected form of personal "torture". She states that, "Only months before, I had held the hand of a twenty-two-year-old hero who gave his life to save two of his men. I had witnessed courage in the face of injury and pain, loyalty in the face of grief. Everyday psychological problems not only paled in comparison, they struck me as frankly absurd" (ep. 2890).

Her personal healing seemed to begin when a psychiatric technician with deployment experience told her, "It's okay if you're not okay" (ep. 2877).

The author's personal healing came from someone who had been in the combat theater as well and needed her help upon his return. Corporal Paulsen (a pseudonym) was unable to use his legs in spite of the medical community's inability to find something physically wrong with him. Heidi tells this patient, "You know, combat can be really traumatic. People who have been through it sometimes experience a slow recovery from that trauma. It's pretty normal." When, after therapy using imaging techniques, Heidi observed this gentleman walking again, she states, "He would survive. His experience would always be with him, and he would survive in spite of it. Even, some days, because of it. And so would I" (ep. 3006).

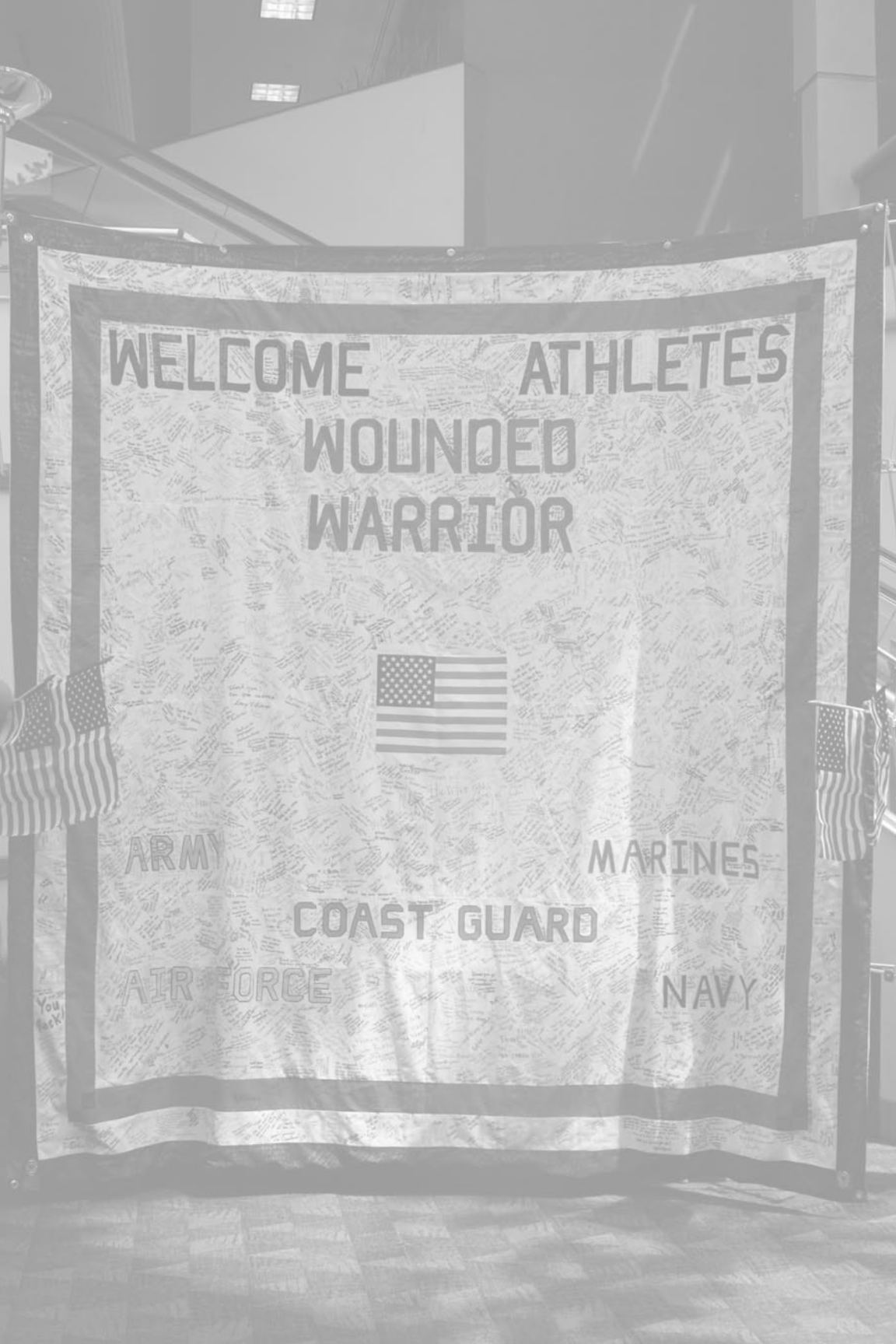
There is something that every individual can take away from this book to make themselves more resilient, to put their lives in perspective, to become heroes in someone else's life by living the best way they know how and by knowing that it is okay sometimes to not be ok, but to move through it anyway.

Conclusion

My parting recommendation for *Rule Number Two* is strong encouragement to join Dr. Heidi Kraft on her courageous journey, to read how connecting with others and serving those around you can change your life. By classifying emotional wounds as injuries similar to bullet wounds and sprained ankles, the author has taken a significant step in eliminating the stigma that still too often today in our modern world comes from courageously requesting or obtaining appropriate mental healthcare. This powerful work clearly can assist all people to understand that emotional injuries are normal because they are simply human. When we deal courageously with such wounds within ourselves, and when we are open to those around us who are likewise wounded, we begin to understand real healing. And when we understand real healing at our deepest levels, we are made more resilient, more compassionate, and more courageous as individuals and as a society than ever before.

To Heidi Squier Kraft, I say *"Ooh-rah, Ma'am. "Godspeed! You have made us all immensely proud."*

POSTLUDE


WELCOME ATHLETES
WOUNDED
WARRIOR
ARMY
MARINES
COAST GUARD
AIR FORCE
NAVY

The Passion of Heroes: Learning to Care for a Wounded World

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with original poetry by Chaplain De Herman

The Final Challenge

As I reflected with you in the Prelude, the preceding pages have been a type of pool into which you, the reader, have been invited. Through reports and reflections, reviews, and reflective literature, the phenomenon of Wounded Warrior Care has been explored from the perspectives of the presentations and discussion at the Spring 2011 Smithsonian/Navy Medicine Institute conference.

As previously discussed, Wounded Warrior Care certainly challenges us today with what we mean by providing for our heroes. Their systemic needs touch upon them physically, mentally, spiritually, relationally, personally, and culturally. We realize full well that the care of our heroes is not just reduced to a medical technology or a single pharmacological product. Their care is expansive. And it should be.

In the Prelude and throughout the preceding pages, we also have been led carefully, perhaps even provocatively, to consider that Wounded Warrior Care challenges the very nature of healthcare itself. In a world searching for best practices in consideration of real world financial and resource management issues, it may be too easy to forget that healthcare fundamentally is not an enterprise, not a business. It is a human service that touches children, women, and men in the most stark and ultimate moments of life. In a certain respect, Wounded Warrior Care—in the words of Dr. Fred Jacobs—calls us to retrieve the human face of healthcare. The service of our heroes leads us to re-consider how we approach the future systematization of healthcare services that are needed to meet the inherent nature of what it means to be human.

Yet does the challenge of Wounded Warrior Care stop at these two points? Does the care of our heroes stop at our providing for their needs and for pushing world leaders to humanize healthcare systems? Does it even ask of us to do our part as volunteers to do good works on occasion for those who need us? I wonder.

When I look at my life's path, I am reminded how easy it has been for me or for anyone to place a few dollars in an envelope and send it off to a charitable organization or to the foreign missions. Sometimes it seems I do so and obtain a type of easy absolution from my guilt over my own personal self-centeredness. Yet on some occasions, there are moments

in life that touch me far more deeply. In fact, at times there are experiences or meetings that invite me to change at the deepest possible level. I believe that this is the third and most profound long-range effect of Wounded Warrior Care. The care of our heroes, Wounded Warrior Care, has a profound and prophetic impact. Wounded Warrior Care has to lead the ordinary citizen to care more for a wounded world.

We live in an age of unprecedented need. With globalization, with the advent of desktop or cloud technologies, with the images and sounds of war welcomed into homes, it is impossible to remain deaf to the needs of those who scream out in the nighttime for meaning and help. It is impossible for us not to hear the cries of those who hunger for healing. Yet we do. It is still possible for us to remain deaf to the needs of others. It is possible for us to dehumanize others by depersonalizing their pain and their terror. Perhaps we think it inconvenient. Perhaps we think it too costly. Perhaps we do all of that because ultimately we fear our own terror, our own pain, our own finitude and death. And yet into our lives in our society we cannot dismiss the presence of those who lacking limbs, or organs, or the ability to laugh and smile made our lives possible because they defended the world's peace at the greatest price to themselves. Unlike centuries past, these "patients" are not relegated to the edge of the village or city. They are in our midst. They stand with us in the lines at supermarkets. They sit next to us at parent-teacher meetings. Our heroes are with us in church, in neighborhood, walking down the street, sharing our daily lives. We cannot dismiss them or their needs. Perhaps even in their silent presence, something in them calls to us at the deepest recesses of our conscience.

They call us to care.

They call us to leave our pre-occupations and care more for others than for the self.

And in such calling, if we answer, we find a new sense of conscience. We find a new way of being. We find a new sense of healing the wounds that come from isolation and separation. We begin to bear in our bodies that death to self that is the beginning of real and authentic human living.

A few months ago, Chaplain De Herman authored a short reflective poem entitled, *Calling*. It was originally written for leaders in hospital pastoral care. However, the poem has meaning for all of us as ordinary citizens. We are all called to care for the needs that each of us bears in our selves each day. The poem speaks well to each of us:

Calling

I came to Caring to learn
to provide to others
This is one truth
Here is another
Caring is calling
Calling me home
Home to myself
My self reflected in others
Others mirroring my feelings
Feelings of old times and in the moment
The moment fresh with insight
Insight prompting healing
Healing sparking growth
Growth fostering compassion
Compassion creating closeness
Closeness connecting to the One
The One who is calling
Calling me to Caring

Ultimately, the call that is ours is the call to compassion. It should not surprise any of us that compassion means literally "to suffer with." As we come to the end of this special edition of the Journal, this special Conference Proceedings, what we should imagine is one of our Wounded Warriors, one of our heroes, standing before us. There our hero reminds us with their wounds of the passion they had to defend us. Their silent gaze wounds us. It burns deeply into our flesh. It asks us if we now are ready to burn for others, to care for others, to be people of true compassion for all those who suffer and long for life, for health, for freedom, for meaning.

Our Wounded Warriors have touched us. Now, in the words of a 5th century philosopher, I wonder how much we will burn for their peace?

Disclaimer: The opinions found in the Postlude are those of the author and do not represent the views of Navy Medicine, the Department of the Navy, the Department of Defense, or the United States Government.


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